

FILED VS. NOV 23 1960

318

Primary Registration District No. 1003

Registrar's No. 11032

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Illinois b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 days		c. CITY OR TOWN Waterloo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 607 South Market		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Edward Last Maag, Sr.			4. DATE OF DEATH Month Nov Day 14 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/25/1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor		10b. KIND OF BUSINESS OR INDUSTRY Heating & Plumbing		11. BIRTHPLACE (City and state or country) E. St. Louis, Ill		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward J. Maag		13b. MOTHER'S MAIDEN NAME Mary Magdalena Rehardt		14. NAME OF HUSBAND OR WIFE Mrs John Maag, Sr.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 348-05-3160		17. INFORMANT Mrs. John Maag 607 S. Market Waterloo Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure + insufficiency DUE TO (b) Multiple Myeloma, DUE TO (c) 203x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from Dec 26 '58 to Nov 15, 60 and last saw her alive on Nov 12, 60 Death occurred at 6A: m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE William J. Carum M.D. (Degree or title)			22b. ADDRESS 206 Wagoner Kirkwood		22c. DATE SIGNED 11-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/17/1960	23c. NAME OF CEMETERY OR CREMATORY Kolmer Memorial		23d. LOCATION (City, town, or county) (State) Waterloo, Illinois	
24. FUNERAL DIRECTOR Emil Guernheim WATERLOO ILL. ADDRESS			25. DATE RECD. BY LOCAL REG. NOV 15 1960		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Karen Proloff*

Licensed Embalmer No. 4356

P. O. Address *H. Lane 71*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.