

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

318

Primary Registration District No. 1003

Registrar's No. 12358

-60-047737  
STATE FILE NUMBER

|   |   |   |  |   |  |  |  |
|---|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                                 |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   |   |  | Length of stay in 1b<br><b>7 days</b>   |  | c. CITY OR TOWN <b>Nashville</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>  |   |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |  | d. STREET ADDRESS (If outside, give location) <b>318 West St. Louis</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>HERMAN ERNST MASCHHOFF</b>   |   |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Dec. 23, 1960</b>  |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>                  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/18/76</b>                                 | 9. AGE (last birthday)<br><b>84</b>   | IF UNDER 1 YEAR<br>Months Days                         | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>General Merchant</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General Store</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Hoylton, Illinois</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Henry Maschhoff</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Caroline Collmeyer</b>             |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>- - - -</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   |   | 16. SOCIAL SECURITY NO.<br><b>332-20-0906</b>                      |   | 17. INFORMANT<br><b>Albert Maschhoff-Nashville, Il</b> |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>bronchopneumonia</b><br><i>Chronic bronchopneumonia</i><br>DUE TO (b) <b>pulmonary emphysema</b><br><i>Subsidiary Emphysema</i><br>DUE TO (c) <b>5271F</b> |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>5 yrs</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fracture of right hip (6 days)</b>  |   |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" type="checkbox"/> | 20b. SUICIDE <input type="checkbox"/>   | 20c. HOMICIDE <input type="checkbox"/>                             | 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Fell at home</b>   |  |  |  |
| 20e. TIME OF INJURY<br>Hour Month, Day, Year<br><b>? 12 - 17 - 60</b>   |   |   |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>15 Home</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>Nashville</b>  |  | COUNTY STATE<br><b>Illinois</b>  |  |
| 21. I attended the deceased from <b>12/20/60</b> to <b>12/23/60</b> and last saw her/him alive on <b>12/22/60</b>   |   |   |  | Death occurred at <b>7:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE <b>Frede Mortensen</b> (Free or title)<br><i>Frede Mortensen M.D.</i>  |   |   | 22b. ADDRESS <b>3701 Grandel Sq.</b><br><i>3701 Grandel Square</i> |   | 22c. DATE SIGNED<br><b>12/23/60</b>                    |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>12/26/60</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Trinity Lutheran</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Nashville, Illinois</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Robert Smith - Nashville, Ill.</b>   |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 24 1960</b>  |  | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith, M.D.</i>   |  |

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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John J. Kandy III*

Licensed Embalmer No. 111-90

P. O. Address E. St. Louis

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.