SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019840
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1411

FILED JUN 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON
Length of stay in 1b 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN OVERLAND
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 9241 ARLINE (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AUGUST Middle (GUS) P Last MAESSEN
4. DATE OF DEATH Month May Day 19 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/13/1888
9. AGE (last birthday) 73 YRS.
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) BUILDING MAINTENANCE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BELGIUM
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ELENORA MAESSEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
INFORMANT Elenora Maessen Address 9241 Arline

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cor Pulmonale
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary emphysema, bilateral
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from May 15, 1961 to May 19, 1961 and last saw ~~her~~ him alive on May 19, 1961
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Albert L. Howe (Degree or title) MD
22b. ADDRESS 601 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED 5/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-22-61
23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.
23d. LOCATION (City, town, or county) St. Louis Co. State Mo.
24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W. Florissant
25. DATE RECD. BY LOCAL REG. 5-20-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wilfred Buchho

Licensed Embalmer No. 45551

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.