

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045799  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11812

FILED DEC 5 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2	2/2		
3	2		
4	1		
5	2		
6			
7	0		
8	2		
9			
10			
11			
1290-0			
13			
90		SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 25 years

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 339 North Taylor Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) 339 North Taylor Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Katherine E. Maves

4. DATE OF DEATH Month Day Year November 28, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 2-1-75 9. AGE (last birthday) 88 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel F. Wimer 13b. MOTHER'S MAIDEN NAME Mollie Cunningham 14. NAME OF HUSBAND OR WIFE Charles A. Maves

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates) none 17. INFORMANT Address 7 A George Dunn 225 St. Gregory Florissant Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease  
DUE TO (b) Coronary atherosclerosis  
DUE TO (c) 420.1  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis of heart, aorta, & spine

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 Month, Day, Year a.m. p.m.

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 1950 to 1962 and last saw her alive on Nov. 1963  
Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 1005 Big Run 22c. DATE SIGNED 11/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Dec 2, 1963 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS 7255 Shepard Funeral Chapel Natural Bridge Rd 25. DATE REC'D. BY LOCAL REG. NOV 29 1963 26. REGISTRAR'S SIGNATURE Road Smith. M.O.

