

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38363**

DEC 17 1939

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10202**

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jason Maze 27-D

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minta 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Aug. 28 1902  
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Elsworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Upholstering Shop

MOTHER FATHER { 12. Name Walter Maze 1

18. Birthplace Bryan Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Corrigan

15. Birthplace Holyrood Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Minta Maze

(b) Address Poplar Bluff, Mo.

17. (a) Removal (b) Date thereof 11/30/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) NOV 29 1939 (b) J. B. Brudick  
(Date received at local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28  
year 1939 hour 4:10 pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 21, 1939, to Nov. 28, 1939;  
that I last saw him alive on Nov. 28, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Meningitis Ibc  
See Emphysema  
The Septic  
Generalized Tuberculosis  
Due to \_\_\_\_\_  
Due to Fungus involved

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 23  
Of operations No  
Of autopsy yes

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
By Means of injury \_\_\_\_\_

23. Signature A. M. Clary (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Date signed \_\_\_\_\_

---

---

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert G. Kopp*

Licensed Embalmer No.....

*2971*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**