

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40851**  
Registrar's No. **11313**

FILED DEC 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11313</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		2127 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home</b>				d. STREET ADDRESS (If rural, give location) <b>12 4500 Washington</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		c. (Last) <b>Maul</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 29 1953</b>		Middle	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 19, 1856</b>	
9. AGE (In years last birthday) <b>97</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Creve Cour, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN ORIGIN? <b>Yes</b>		13. FATHER'S NAME <b>John Maul</b>	
13b. MOTHER'S MAIDEN NAME <b>Anne Braun</b>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			
16. SOCIAL SECURITY NO. <b>no none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ethel Knarr</b>				ADDRESS <b>3951 Blaine Ave. St. Louis, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart Disease</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <b>4200</b> (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>11/29, 1922</b> , to <b>11/29, 1922</b> , that I last saw the deceased alive on <b>11/29, 1922</b> , and that death occurred at <b>1:58 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. F. Bergman</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>11/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-1-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 30 1953</b>		REGISTRAR'S SIGNATURE <b>W. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa, St. Louis, Mo</b>			

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

(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 .....  
Student Embalmer

Signed Harry Selman  
Licensed Embalmer No. 2679

P. O. Address 7514 F. Broadway

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, fact should be so stated above.