

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39626

STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9704

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Artemus</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp</i>		Length of stay in lb		d. STREET ADDRESS <i>3966 Greer</i> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <i>Anna</i> First		<i>Maupens</i> Middle		<i>Maupens</i> Last	
4. DATE OF DEATH		Month <i>Oct</i>		Day <i>20</i> Year <i>1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>3 Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>12 July 1895</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state and country) <i>Mo 0</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>John Eberhart</i>		14. MOTHER'S MAIDEN NAME <i>Wink</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Gertrude Chapman</i> Address <i>3966 Greer</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
DUE TO (b) <i>Hypertensive Cardiovascular disease</i>					
DUE TO (c) <i>dissecting</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>443x</i>			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>8 Oct 56</i> to <i>18 Oct 56</i> and last saw her alive on <i>17 Oct 56</i> Death occurred at <i>5:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. Mueller M.D.</i> (Degree or title)		22b. ADDRESS <i>3524 Franklin Ave. St. Louis, Mo</i>		22c. DATE SIGNED <i>23 Oct 56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>26 Oct 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Trpton</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Svs</i> ADDRESS <i>1389 N Union</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 24 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

NOV 11 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul V Freeman*.....

Licensed Embalmer No. *46*

P. O. Address *4729 1/2*.....

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