

39736

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2723

FILED DEC 13 1954

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2723

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY OR TOWN <u>Carsonville</u>                               |  | c. CITY OR TOWN <u>Overland</u>   |  |
| c. LENGTH OF STAY (In this place) <u>1 yr</u>                    |  | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u> |  | e. STREET ADDRESS (If rural, give location) <u>2511-a Woodson Road</u>  |  |

|   |             |                         |   |
|---|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Maggie</u> | b. (Middle) | c. (Last) <u>Marlow</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 23, 1954</u> |
|---|-------------|-------------------------|---|

|                      |                               |   |                                       |   |  |  |
|----------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 31, 1873</u> | 9. AGE (In years last birthday) <u>81</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 10 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|--|--|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Smithland, Ky.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

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|--|--|--|
| 13a. FATHER'S NAME <u>John Mayhugh</u> | 13b. MOTHER'S MAIDEN NAME <u>Roina Grimmer</u> | 14. NAME OF HUSBAND OR WIFE <u>Haris J. Dcd.</u> |
|--|--|--|

|   |                                     |   |                                |
|---|-------------------------------------|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gustave R. Baumann</u> | ADDRESS <u>2504 Woodson Rd</u> |
|---|-------------------------------------|---|--------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>  |  | <u>unknown</u>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic dementia</u>  |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <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) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Aug. 1, 1953, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

|   |  |                                  |
|---|--|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u> | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | 23c. DATE SIGNED <u>11/26/54</u> |
|---|--|----------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-26-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u> |
|---|-----------------------------|--|---|

|  |  |   |  |
|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11/26/54</u> | REGISTRAR'S SIGNATURE <u>Herbert S. Amberg</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>Lewis Littmann MD</u> | ADDRESS <u>2504 Woodson Rd-Overland, Mo.</u> |
|--|--|---|--|

(Permitted Embalmer to be placed 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 *David C. Gibson*.....

Licensed Embalmer No. *3457*

P. O. Address *Oakland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.