

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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34554

1. PLACE OF DEATH
 County St. Louis Registration District No. 786
 Township Maplewood Primary Registration District No. 4469
 City St. Louis (No. 2209 Yale Ave) St. _____ Ward _____

2. FULL NAME Henry Mauchenheimer
 (a) Residence. No. 2209 Yale Ave St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Mauchenheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1881

7. AGE YEARS 46 MONTHS 4 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lincoln Car Driver
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Not known

10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Wesley Mauchenheimer
 (Address) 2209 Yale Ave, Maplewood

15. FILED 126 1927 Merceda Schuster
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1927
17. I HEREBY CERTIFY That I attended deceased from Nov. 20, 1927 to Nov 23, 1927 that I last saw him alive on Nov 23, 1927 and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurysm of Aorta 9/6
 (duration) 2 yrs 4 mos da.

CONTRIBUTORY (SECONDARY) None
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray
 (Signed) Wm Becke M. D.
Nov. 25, 1927 (Address) 912 Beaumont Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem **DATE OF BURIAL** Nov 26 1927

20. UNDERTAKER Edison L. Lee 2707 Grand

