

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

Do not use this space.

37484

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1009

City St. Louis (No. 4387)

Parsons

File No.

Registered No. 10560

St. Ward)

2. FULL NAME

Henry Maeller

(a) Residence, No. St., 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Oda Maeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 | 9 | 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Board of Education

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Sottlieb Maeller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Fink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Harvey Maeller
(Address) 4287 E. Broadway St.

15. FILED May 7 1930 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1930 to Nov 5 1930 that I last saw h. et. alive on Nov 5 1930 and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107th Broncho Pneumonia
1930
(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Infectious left arm from long nail of 3rd finger
(duration) yrs. mos. ds. 15

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Place of death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF X

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) William T. Hirsch M. D.

11/2 1930 (Address) 3500 N. Grand

*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 DATE OF BURIAL

Zion Cemetery Nov. 8 1930

20. UNDERTAKER ADDRESS Wm. Glumadin 4287 West Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

