

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4924 Arlington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Caroline Mahl**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George Mahl** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **May 31, 1865**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Unknown**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Mahl**
(b) Address **4924 Arlington**

17. (a) **Burial** (b) Date thereat **March 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cem.**

18. (a) Signature of funeral director **Stroot Carroll**
(b) Address **4600 Natural Bridge**

19. (a) **MAR 26 1940** (b) **J. F. Budwich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4924 Arlington**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **50 Years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1940** hour **3** minute **05-AM**
21. I hereby certify that I attended the deceased from **Mar. 1938**
to **Mar 24** 19**40**
that I last saw her alive on **Mar. 23** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cirrhosis of the Liver**
Duration **3 mos.**
Due to _____
Due to _____
Other conditions: **Chronic myocarditis** **Don't know**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Roland P. Menoway** (M. D. or other) **W.D.**
Address **5330 Geraldine** Date signed **3/26/40**

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

Bur. Memorandum 8-9-a.m.
1-2-24
7-8-24

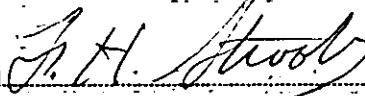
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed



.....
Licensed Embalmer No. 2265

P. O. Address.....

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, above space should be left blank.