

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.

JUN 5 1940

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

18346
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297
 (b) Township..... Primary Registration District No. 3016 Registered No. 51
 (c) City Washington. (d) Street No. 1 St. Francis Hospital. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Fred Albert Mahler.

(a) Residence, No. Catawissa, Mo. 0 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Fred Albert Mahler.
 X (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3rd, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common laborer.
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) 1930. 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Missouri. 0

FATHER 13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

MOTHER 15. MAIDEN NAME Unknown. 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Helen Hundhausen Social Security office Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE May 8th, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NIEBURG & VITT, Inc. Washington, Mo.

20. FILED May 7- 1940 H.A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1940. 3:00 A.M.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 8, 1940
 I last saw him alive on May 7, 1940 Death is said to have occurred on the date stated above, at 3:00 m.
 The principal cause of death and related causes of importance were as follows:

Senility
Arteriosclerosis
Cerebral thrombosis
Endocarditis
 Date of onset 9-2-19

Other contributory causes of importance:
Arteriosclerosis
Cerebral thrombosis
Endocarditis
 Name of operation None Date of None
 What test confirmed diagnosis? Phys. exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Wm. Denny, M. D.
 (Address) Union Mo.

