

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 41167
Registrar's No. 10938Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4703 Varrelmann
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 2

3. (a) PRINT FULL NAME William Maulhardt3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Emilie 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased May 20 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 7 11 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Beer Bottler 0

11. Industry or business _____

12. Name August Maulhardt 613. Birthplace Germany 6
(City, town, or county) (State or foreign country)14. Maiden name Christine Rogge15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emilie Maulhardt(b) Address 4703 Varrelmann Ave.17. (a) Burial (b) Date thereof 1-3-49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old SS. Peter & Paul18. (a) Signature of funeral director Dr. Schumacher(b) Address 3013 Meramec St.19. (a) DEC 31 1940 (b) J. V. Bredert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4703 Varrelmann
0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1940 hour 3 minute 10 M.21. I hereby certify that I attended the deceased from Sept 27
1940 to Dec 31, 1940
that I last saw him alive on Dec 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Gastric Carcinoma 6 mos
Duration about

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 1/6Major 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? _____

(Specify type of place) _____
(e) Means of injury _____23. Signature Adam E. Youngman (M. D. or other) 1/4/49
Address 4439 Grand Date signed 1/7/49

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.....

Clarence Kochow

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

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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.