No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4985
1233

FILED MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital O
(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. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County 2.4

(c) City or town Oklahoma City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Liberty Mauldin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Mauldin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 22, 1885
(Month) (Day) (Year)

8. AGE: Years 56 | Months 0 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. J. A. Welborn
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Beulah Warren
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Thomas Mauldin
(b) Address 4001 Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City, Okla

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) FEB 6 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1941 hour 9.30 A.M. minute M.

21. I hereby certify that I attended the deceased from November 25th, 1940, to February 5th, 1941;
that I last saw her alive on February 4th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of st. lung
Post operative pneumonia

Due to Bronchial

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated hernia, Post operative
Of autopsy —

Duration

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)
While at work? (e) Means of injury D

23. Signature A. Herman Hutto (M. D. or other) M.D.
Address 105 Lister Bldg. Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eymck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.