

FILLED JUL 21 1941
Registration District No. **791**

Primary Registration District No. **1003**

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: **Lutheran Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether _____)
In this community **Life.**
years, months or days)

3. (a) PRINT FULLNAME **William Henry Maehring**

3. (b) If veteran, name war _____
3. (c) Social Security No. **329-10-2239**

4. Sex **Male** ()
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marguerite**
6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Oct. 28th, 1899.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 **7** **9** hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Credit Manager**

11. Industry or business **Pevely Dairy Co.,**

12. Name **Henry Maehring**

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

14. Maiden name **Ella Speck**

15. Birthplace **Not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marguerite Maehring**

(b) Address **5215 Nagel**

17. (a) **Burial** (b) Date thereof **6/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pk.**

18. (a) Signature of funeral director **John J. Ziegenhain**

(b) Address **7027 Gravois Ave.**

19. (a) **JUN 10 1941** (b) **J. S. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5215 Nagel Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Life.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th,**
year **1941** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **April 17, 1940**
to **June 7, 1941**
that I last saw him alive on **June 7, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the base (Myeloma) with metastasis**

Due to _____
Due to _____

Other conditions **Pulmonary Ph. C.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **X**
Of autopsy **X**

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? _____

23. Signature **Hilda F. Mospey** (M: D. or other) **M. D.**
Address **3805 50 Broadway** Date signed **6/9/41**

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

MOTHER FATHER

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

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 S. Lewis*

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, fact should be so stated above.