

S. No. 2  
11-10-39  
5-17-39  
1-1-40

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION

FILED 06 18 1941  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 30318  
Registrar's No. 7657

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
5032 Durant Str.  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Aloys J. Mahr

8. (b) If veteran, name war None 3. (c) Social Security No. 492-07-317

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara M. Mahr 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Nov. 16, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	6	hr. _____ min. _____

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

10. Usual occupation Mechanical Engineer

11. Industry or business James R. Kearney Co.

MOTHER FATHER { 12. Name William A. Mahr  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wachter  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Mahr  
(b) Address 5032 Durant Str.

17. (a) Burial (b) Date thereof 9/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) SEP 23 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1011  
(c) City or town St. Louis  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5032 Durant Str  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22  
year 1941 hour 5 minut 40 P. M.

21. I hereby certify that I attended the deceased from June 25, 1941 to Sept 22, 1941  
that I last saw him alive on Sept 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema 6 hrs -  
General Cachexia 2 month  
Due to Carcinoma rectum with  
metastases visceral 1 1/2 years  
Other conditions pulmonary  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations [Signature]  
Of autopsy [Signature]  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ^

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 2322 N. Kingshighway Date signed 9/23/41

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

Wm. A. Mc Guire

2322 No Kings Highway

Rosedale 0420 -

Res. " 143 ✓ -

MA 0360 Naval Rec. Office

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.