

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942
791

Registration District No.

Primary Registration District No. 1003

Registrar's 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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 60 Years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri..... (b) County..... 285
26 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2403a Hadley 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Fredericka Maul

3. (b) If veteran, name war..... No. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1942 hour 4:35 P. minute 00

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Fred Maul 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: April 30 1955
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>10</u> hr. 0 min.

Immediate cause of death:
Coronary Sclerosis
Arterio Sclerosis

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

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Housework

Major findings:
Of operations.....

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Volmer

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of autopsy..... Pending

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Tom Caudle
(b) Address 3109 N. Sarah St.

17. (a) Burial (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

(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?.....

18. (a) Signature of funeral director H. Leidner Und. Co.
(b) Address 2222 St. Louis Ave

19. (a) JAN 11 1942 (b) J. J. Medical
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
(e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 1/10/42

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

927
700

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Homer L. Pender
Licensed Embalmer No. 3367
P. O. Address 2228 St. Louis Ave

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.