

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
St. Luke's Hospital **0**
(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 Jakob Maile
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Pauline Maile</u>	6. (c) Age of husband or wife if alive <u>73</u> years	
7. Birth date of deceased <u>April 29th 1867</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>2</u>hr.min.

9. Birthplace Germany //
(City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

11. Industry or business.....
 12. Name Unknown Maile
 13. Birthplace Germany //
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany //
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Maile
 (b) Address 5022 Nottingham Ave.
 17. (a) Burial (b) Date thereof 2-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar
 (b) Address 4228 So. Kingshighway Blvd.
St. Louis 8 1942
 19. (a) (Date received local registrar) (b) J. T. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5022 Nottingham Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 31st
 year 1942 hour 11:05 minute P.M.
 21. I hereby certify that I attended the deceased from June 2
 1941 to Jan 31 1942
 that I last saw him alive on Jan 31 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of stomach
± metastases to spleen and pancreas
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Jan. 1, 1942 operated
and found perforation of pylorus
± above metastases
 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?

23. Signature Wend Becke (M. D. or other).....
 Address 3720 Washington Date signed 2-2-42
(Specify type of place) (e) Means of injury.....

Dr Becker & Mans
3720 Washington Ave
Jr 8498

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.