V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8926

Registration District No. 791 Primary Registration District No. 1005 Registrar's No. 3197

HRCD APR 17 1942

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours. 0 (Specify whether
In this community 10 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 26 000 17 9

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

(d) Street No. 917a Warren St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James R Maher

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 4 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	0	5	hr. min.

9. Birthplace Fort Dodge, Iowa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name John Maher.
13. Birthplace Iowa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Carey
15. Birthplace Iowa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Roebke.
(b) Address 917a Warren St.

17. (a) Removal (b) Date thereof 4-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fort Dodge, Iowa.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) APR 9 1942 J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour 1:45A.M. minute M.

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

Immediate cause of death Cerebellar Apoplexy

Due to 8 Ga

Due to 8 Ga

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pending

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

23. Signature Thomas F Callaway (M.D. or other)
Address Deputy Coroner Date signed 4/9/42

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 8223 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.