S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12020

Registration District No. 754 | Primary Registration District No. 210 | Registrar's No. 786

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural (Meramec Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Big River Road 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? None years.

3. (a) PRINT FULL NAME: George Maupin
3. (b) If veteran, name war: None
3. (c) Social Security No. None
4. Sex: Male 6
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lela Maupin
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: June (Month) 13 (Day) 1888 (Year)

8. AGE: Years 53 | Months 9 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis Co. (City, town, or county) Missouri U (State or foreign country)
10. Usual occupation: Bartender
11. Industry or business: Own tavern

MOTHER FATHER
12. Name: Silas Maupin
13. Birthplace: Burnsville, (City, town, or county) Missouri U (State or foreign country)
14. Maiden name: Nettie Hidd
15. Birthplace: Jefferson Co, (City, town, or county) Missouri U (State or foreign country)

16. (a) Informant: Lela Maupin
(b) Address: Eureka, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Hill Cem. Sappington, Mo.
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin, Mo.
19. (a) APR - 7 1942 (Date received local registrar) (b) C. H. McLaren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1942 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 18, 1940 to April 6, 1942 that I last saw him alive on April 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 mo
Due to: Essential hypertension	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none.
Of autopsy: none.

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: [illegible] (M. D. or other)
Address: Eureka, Mo. Date signed 4-7-42.

707 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo

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.