S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23223

Registrar's No. 6324

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community Missouri

2. USUAL RESIDENCE OF DEACESED: 96

(a) State ST. LOUIS (b) County MO 4

(c) City or town Kirkwood, MO 2N R (If outside city or town limits, write "RURAL")

(d) Street No. 420 Bogey Lane (DKIR) (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Maurice Wantz

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-8469

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret B. Wantz

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov (Month) 3 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
35.	8.	22.	3 hr. 45 min.

9. Birthplace Toledo, Ohio (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation Salesman, Central States

11. Industry or business Paper Co.

FATHER
12. Name Charley Wantz
13. Birthplace Elkhardt, Indiana. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Atkins
15. Birthplace Baltimore, Maryland. (City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame

(b) Address 5600-Arsenal Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director C. R. Lupton & Son

(b) Address 7233 Delmar Blv'd.

19. (a) JUL 27 1942 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-25-42 day

year 7 hour 25 minute 11-15 A.M.

21. I hereby certify that I attended the deceased from 7-24-42, 19..., to 7-25-42, 19...; that I last saw him alive on 7-25-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Poliomyelitis, acute; bulbar involvement

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no gross findings

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 R W Maxwell (M. D. or Coroner)

Address Isolation Hospital Date signed 7-25-42

(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. Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.