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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **981**

FILED FEB 4 1943  
Registration District No. **018**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Maul

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 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 January 31, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>68</u>	<u>11</u>	<u>27</u>	hr. min.

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

10. Usual occupation School Teacher

11. Industry or business \_\_\_\_\_

12. Name Thomas Maul

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

14. Maiden name Bertha Kolforts

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

16. (a) Informant Mrs. Adella Rieth

(b) Address 2622 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Haber-Heldrich & Co.

(b) Address 3634 Gravois Avenue

19. (a) JAN 30 1943 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9/16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3719 Juniata Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28  
year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from 11. 5 - 1937 to 1. 28 1943  
that I last saw hw alive on 1. 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 48 hr.

Due to Hypertension  
arteriosclerosis

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Coronary occlusion

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Regeneacord (M. D. or other)  
Address 3523 R. Grand Date signed 1-28-43

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**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.....  
Licensed Embalmer No.....  
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.**