

MAY 7 1943

1003

3962

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE / 719 HODDRIGE ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)  
In this community 36 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 719 HODDRIGE ST.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH MAIER

3. (b) If veteran, name war NONE 3. (c) Social Security No. 491-12-9282

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY MAIER 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased JAN. 31 1874  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 24 If less than one day hr. min.

9. Birthplace AUSTRIA (City, town, or county) (State or foreign country) 4

10. Usual occupation WATCHMAN

11. Industry or business  
12. Name ANDREW MAIER  
13. Birthplace AUSTRIA (City, town, or county) (State or foreign country) 4  
14. Maiden name UN. KNOWN  
15. Birthplace AUSTRIA (City, town, or county) (State or foreign country) 4

16. (a) Informant Judmilla Hubman

(b) Address 8417 HOWELL ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 29-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Disdrich F. Home

(b) Address 8319 HALLS FERRY RD.

19. (a) APR 28 1943 (Date received local registrar) (b) J. T. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 4:50 minute P. / M.

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

Immediate cause of death Strangulation due to Hanging; when deceased was found hanging from an iron beam in the garage in the rear of his home with rope around his neck, on April 25, 1943, at about 4:50 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations PH  
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) Suicide  
(b) Date of occurrence April 25, 1943  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 4  
23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 4-29-43

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

MOTHER FATHER

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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..... *Arthur P. Friedrich* .....  
Licensed Embalmer No..... *3556* .....  
P. O. Address..... *St. Louis City* .....

**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.**