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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

FILED MAY 3 1943

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3919

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

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: 2923 DAYTON ST. 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 47

(c) City or town IRONTON NR (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME LILLIAN D. MAUL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race NEGRO 3

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1882 years

7. Birth date of deceased DECEMBER (Month) 25 (Day) 1878 (Year)

8. AGE: Years 64 Months 4 Days 2 If less than one day hr. min.

9. Birthplace IRONTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name ROBERT D. BLANKS

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

14. Maiden name CARRIE PRESTON

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

16. (a) Informant JOHN MAUL

(b) Address IRONTON MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation IRONTON Mo

18. (a) Signature of funeral director Geo. A. Lenhel

(b) Address Ironton Mo

19. (a) APR 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27 year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/25, 1943 to 4/27, 1943 that I last saw her alive on 4/27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	4 days
Due to	
Due to	
Other conditions: Carcinoma Breast (Include pregnancy within 3 months of death)	5 Months

50

Major findings:
Of operations
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)

(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 [signature] (M. D. or other)

Address 3146 a Lacleede Date signed 4/27/43

(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 .....

4/27/43, Registered Apprentice No. .....,

working under my personal supervision.

Signed Geo. P. Luckel

Licensed Embalmer No. 3475

P. O. Address Ironton 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 3919

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of June, 1943, before me appears Dr. V. C. Payne, who, upon his oath, states that the original record of death for Lillian D. Maul, died April 27th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on 4-27-1943, should be corrected as follows:

Item No. 21 should read Carcinoma of Breast. 5 Months
Instead of 5 yrs.
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature]
Relationship.

3146a Laclede St Louis Mo
Present Address.

Subscribed and sworn to before me this 15 day of June, 1943.

My Commission expires Jan. 22, 1945 Catherine Jamsel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-1-15-42
I X31340

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 3919

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Lillian D. Maul, died/born April 27 1943, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 4 should read Mother's age December 26, 1882

Instead of December 25 1878

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant John Maul Son
Relationship.

Trenton Mo
Present Address.

Subscribed and sworn to before me this 5th day of June, 1943.

My Commission expires My Commission Expires March 29, 1946 George P. Lenckel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339