

JUN 25 1943

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
336 N. Woodlawn Ave.
(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 ST. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 336 N. Woodlawn Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Maul

3. (b) If veteran, name war No

3. (c) Social Security No. 498-12-2704

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Lehtreck Maul
6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased October 31, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 21 _____ hr. _____ min.

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

10. Usual occupation Banker

11. Industry or business Bank

12. Name Charles Maul

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

14. Maiden name Doris Alers

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

16. (a) Informant Mrs. Cora L. Maul

(b) Address 336 N. Woodlawn Ave. Kirkwood, Mo.

17. (a) Burial (b) Date thereof June 23, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home

(b) Address 4828 Natural Bridge Blvd. St. Louis, Mo.

19. (a) _____ (b) _____
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st,
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1932, to June 21, 1943;
that I last saw him alive on June 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 mos.

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death)

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? _____

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

23. Signature Paul E. Rutledge M.D. (M. D. or other) _____
Address Kirkwood Mo. Date signed 6-21-43

JUN 28 1943

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

MOTHER FATHER

96
4
3

APR 21 1949

APR 26 1949

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.....

.....
working under my personal supervision.

Registered Apprentice No.

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.