

S. No. 2  
M-5-43  
5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8322  
Registrar's No. 485

FILED FEB 29 1944  
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Sappington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 6 Box 570  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Sappington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 6 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Edmund Maedler  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 498-10-3950  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Maude (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 25, 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 21 year 1944 hour 9:30 minute 47 M.  
21. I hereby certify that I attended the deceased from 10/25/43 to 1/31/44 that I last saw him alive on 1/31/44 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 10 26 hr. \_\_\_\_\_ min.

Immediate cause of death Ruptured of aortic aneurysm Duration 2 min

9. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Bartender

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Sunset Country Club

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

12. Name Not known  
13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known  
15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Maedler  
(b) Address Sappington, Mo.

17. (a) burial (b) Date thereof 2/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John J. Ziegler & Sons  
(b) Address 7027 Gravois Ave.

19. (a) FEB 25 1944 (b) E. S. Mc. Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

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 E. S. Mc. Gowan (M. D. \_\_\_\_\_)  
Address 3805 S. Babadway Date signed 2/23/44

MAR 1 1944

MAR 3 1944

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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..... *B. P. Kedwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *7027 Gravois* .....

**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.**