

S. No. 2
DM-5-4
v. 5-17-39
I X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

39603

State File No. _____

11111

FILED JAN 15 1945
Registration District No. 318

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 8425 Richards Ave., NR
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INA MAUPIN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1944 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ralph Maupin.

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

7. Birth date of deceased Oct. 16th 1905
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day

39 2 9 hr. _____ min.

Immediate cause of death Internal Hemorrhage Duration _____
from laceration of vessels during
when the automobile in which
she was a passenger, being driven
by her husband Ralph Maupin, struck
an electric covered highway and glided
with automobile down the one foot
high embankment one mile south of
University City, Missouri, Dec. 25, 1944

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

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

10. Usual occupation At home

PHYSICIAN

Major findings, Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Carson L. Eaton.

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

14. Maiden name Jeanette Walker.

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

16. (a) Informant Ralph Maupin.

(b) Address 8425 Richards Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 25 1944

(c) Where did injury occur? on mile south of University City
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) DEC 27 1944 J. F. Bredean
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (c) Means of injury as above

23. Signature John E. Taylor (M.D. or other) _____
Address St. Louis Date signed 12/26/44

(Licensed Embalmer's Statement on Reverse Side)

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

02/

-168
1/16/45

1945

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University 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.