

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10420

State File No.

FILED APR 11 1945

Registration District No. 273

Primary Registration District No. 3053

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 years (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Phelps

(c) City or town Rolla

(If outside city or town limits, write "RURAL")

(d) Street No. 202 W 10th

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lusie Anna Maulder

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-2 1945, to 3-13 1945, that I last saw him alive on 3-12 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race white

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

(b) Name of husband or wife John Maulder

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

7. Birth date of deceased: Mar. 6. 1879

(Month) (Day) (Year)

Immediate cause of death: coronary occlusion

Duration few min.

Due to

Due to

Other conditions: chr. myocarditis

(Include pregnancy within 3 months of death) 6 mo.

8. AGE: Years 66 Months - Days 7 If less than one day hr. min.

9. Birthplace New York City N.Y.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Sindner

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Blair

15. Birthplace know

(City, town, or county) (State or foreign country)

16. (a) Informant John Maulder

(b) Address 202 W 10th Rolla

17. (a) Burial (b) Date thereof: 3-15-45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Tenn.

18. (a) Signature of funeral director Wesley Blair

(b) Address 508 W 8th Rolla Mo

19. (a) 3-20-1945 (b) Wesley Blair

(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 93d

Of operations

Of autopsy

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 (Specify type of place) (e) Means of injury

23. Signature E. E. Faid M.D. (M. D. or other)

Address Rolla Mo Date signed 3/15/45

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.....

S. L. [Signature]

Licensed Embalmer No. 3397

P. O. Address Roller 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.