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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** OCT 25 1945  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32155

State File No. \_\_\_\_\_  
Registrar's No. 9087

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5009 PARKER PLACE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 65 Years In St Louis (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Gottlobin Pauline Mader  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 19  
year 1945 hour 3 30 P.M.  
21. I hereby certify that I attended the deceased from Oct. 14 1945 to Oct 19 1945  
that I last saw him alive on Oct 19 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Reinhold Mader 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6th 1851  
(Month) (Day) (Year)

Immediate cause of death: Hemiplegia  
Due to \_\_\_\_\_  
Due to Central Hemorrhage  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
94 3 13 hr. min.

Major findings:  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name George Rall

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

14. Maiden name Clara Eitel

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

16. (a) Informant Amelia Fischer

(b) Address 5009 Parker Place

17. (a) Cremation (b) Date thereof Oct 22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Thorndike & Son

(b) Address 2906 Gravois Ave.

19. (a) OCT 20 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none

(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 Rebecca S. Dick (M. D. or other)

Address 3805 S. Broadway Date signed 20/10/45

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

17  
9

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14/17  
9  
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MOTHER FATHER

**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 David J. Forsan.

Licensed Embalmer No. 4242

P. O. Address. 2906 Harrison

**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.**