

S. No. 2
FORM-5-43
Rev. 5-17-39
X 36871

STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 2300

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5133 Cologne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Maupin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female | 5. Color or race white

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

6. (b) Name of husband or wife Mosias

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 6 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Gasconade County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Rolla Williams

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Judith Angel

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Madge Hinkle

(b) Address 5133 Cologne

17. (a) Burial (b) Date thereof 3-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Labadie, Mo.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 1140 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5133 Cologne
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions 94a
(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 3

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 3/8/46

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

10:30

1540

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Doverland 14 m*.....

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.