

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18682  
Registrar's No. 4794

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM MAHER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 489-18-0557

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 21 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Java Center New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward J. Maher  
13. Birthplace Java Center New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Conroy  
15. Birthplace Java Center New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Maher  
(b) Address Java Center, New York

17. (a) Removal (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Java Center, N.Y.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) MAY 23 1946 (b) Registrar's signature J. F. Bricker  
(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. 1421 Granville Pl.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th  
year 1946 hour 2:35 minute A M.

21. I hereby certify that I attended the deceased from May 23rd  
to May 27th  
that I last saw him alive on May 27th  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma of breast.  
Duration \_\_\_\_\_

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

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above  
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?

23. Signature Albert H. Hoppe (Specify place of injury) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5/27/46  
(or other) \_\_\_\_\_

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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.....

*J. W. Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

**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.**