

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33943

State File No. _____

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alex Maul

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. May 5, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Mineral Point Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Pittsburgh Plate Glass

12. Name John Maul

13. Birthplace Mineral Point, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Alex Maul

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Oct. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Arthur R. Politt

(b) Address Crystal City, Mo.

19. (a) Oct. 16, 1946 (b) Charles Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 5
1946 to October 13, 1946
that I last saw him alive on October 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration 6 days

Due to _____

Due to _____

Other conditions chronic myocardial years
(Include pregnancy within 5 months of death)

Major findings: 108
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 _____

23. Signature Charles Brown (Date received local registrar) (Registrar's signature)

Address 202 E. 1st, Mo. Date signed 10/15/46

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

MOTHER FATHER

142

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1946

Date Filed 10/25/46
District File Number
District Health Officer No. 9

RECEIVED

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 Geoffrey R. Tolit
Licensed Embalmer No. 348
P. O. Address Crystal 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.