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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35395**
Registrar's No. **9186**

FILED NOV 12 1946

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 13 months**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Oran**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7913 Minnesota**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Alice M. Maupin**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **27**
year **1946** hour **1:10** minute **P** M.
21. I hereby certify that I attended the deceased from **8/29/46**
to **Oct. 27th**, 19 **46**
that I last saw her alive on **Oct. 27th**, 19 **46**
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 **married**
6. (b) Name of husband or wife **William Maupin** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **July 31 1908**
(Month) (Day) (Year)

Immediate cause of death **Acute cardiac failure** Duration **2 days**
Due to **16**

8. AGE: Years Months Day If less than one day
38 **2** **26** hr. min.
28

Other conditions: **Potts disease; left hep tuberculosis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace **Piedmont Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **house wife at home**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Marion Henson**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Stella Anderson**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Maupin**
(b) Address **7913 Minnesota**
17. (a) **burial** (b) Date thereof **10-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Hope**

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? _____

18. (a) Signature of funeral director **Fendler Und. Co.**
(b) Address **7420 Michigan Ave.**
19. (a) **OCT 28 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **E. J. Carson** (Specify type of place) _____
Address **135 LAFAYETTE** (c) Means of injury _____
Date signed **10/28/46**

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 Ernest W. Spellare
Licensed Embalmer No. 14080

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.