

S. No. 2
-12-45
5-17-39
PI X47070

FILED JUN 23 1947
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **29 Days**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **962 Dammert Lemay Mo.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William F. Marohn**
3. (b) If veteran, name war _____
3. (c) Social Security No. **4-93-05-9377**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11**
year **1947** hour **12:15** minute **A** M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **May 18** 19**47** to **June 11** 19**47**
that I last saw him alive on **June 10** 19**47**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Nov 30 1884**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis** Duration **1 year**
Due to **Hypertension** **1 year**

8. AGE: Years Months Day If less than one day
63 **5** **12** hr. _____ min.
9. Birthplace **St. Louis Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Beer Driver**

Other conditions **Glomerular Nephritis** **1 1/2 year**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Frank Marohn**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Christian Boeitner**
15. Birthplace **St. Louis Mo.** (City, town, or county) (State or foreign country)

Major findings: Of operations **1/21**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Stadler**
(b) Address **Box-150-Sullivan Mo.**
17. (a) **Burial** (b) Date thereof **6-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset-Burial-Park Cem.**

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 **Schumacher Und Co.**
(b) Address **3013 Meramec St.**
19. (a) **JUN 12 1947** (b) **J. F. Bradeck**
(Date of registration) (Registrar's signature)

23. Signature **P. D. Taylor** (Specify type of case) (e) Means of injury _____
Address **Box No. Taylor** Date signed **6/10/47**

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

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9

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.