

No. 2  
-1/47  
5-17-39

6741

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 1455

FILED FEB 20 1948  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... Infirmiry St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
Name of hospital or institution:  
City Infirmiry 5800 Arsenal St. 0  
(If not in hospital or institution, write street number or location)  
 (c) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community..... 1 mo. 8 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 2928 Barrett  
(If rural, give location)  
 (e) Citizen of foreign country?..... No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... Adolph Mast  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....  
 4. Sex..... male  
 5. Color or race..... white  
 6. (a) Single, widowed, married, divorced..... widower  
 6. (b) Name of husband or wife..... late Margaret  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... April 18 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb day..... 8  
 year..... 1948 hour..... 2 minute..... 20 P.M.  
 21. I hereby certify that I attended the deceased from Jan 1948 to Feb 8 1948  
 that I last saw him alive on Feb 8 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary occlusion  
 Due to..... Marked cerebral Arteriosclerosis  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
 PHYSICIAN  
 Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
82 9 20 hr. min.  
 9. Birthplace..... Baden Germany  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... butcher  
 11. Industry or business.....  
 12. Name..... unknown  
 13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Margaret Wunderlich  
 15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
 16. (a) Informant..... City Infirmiry  
 (b) Address..... 5800 Arsenal  
 17. (a) Burial, cremation, or removal..... Burial  
 (b) Date thereof..... 2/12/48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation..... Memorial Park Cemetery  
 18. (a) Signature of funeral director..... Calvin F. Feutz  
 (b) Address..... 4828 Natural Bridge Boulevard  
 19. (a) FEB 11 1948 (b) J. F. Brudeck  
(Date received from registrar) (Registrar's signature)

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?.....  
(Specify type of place)  
 While at work?..... Means of injury.....  
 23. Signature..... Palmer Purvis Bowlish (M. D. or other).....  
 Address..... 5800 Arsenal St Date signed..... 2/10/48

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

MOTHER FATHER

**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.....

*Ralph C. Leiden*

Licensed Embalmer No..... *4225*

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.