S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14425

Registrar's No. 3674

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: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 095

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4222 Margaretta Ave 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Joseph F. Maull

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-2348

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Caroline Maull

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September (Month) 8 (Day) 1885 (Year)

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

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Garment Cutter

11. Industry or business Karol Kel Garment Co

FATHER
12. Name Ferdinand Maull
13. Birthplace Weldon Springs Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mathilda Blanke
15. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Maull
(b) Address 4222 Margaretta Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat. Bridge Blvd

19. (a) APR 17 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 8 day 16 year 1948 hour 8 minute 00A M.

21. I hereby certify that I attended the deceased from 12-15-46, 19..., to 4-16-48, 19...; that I last saw h... alive on 4-16-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary occlusion

Due to (Stenosis)

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.

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? (e) Means of injury

23. Signature W. F. Evans (M. D.)

Address 3515 N. Grand Date signed 4/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 G. Linders

Licensed Embalmer No. 4275

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.