FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

21145
State File No.
Registrar's No. 6044

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 (Specify whether years, months or days)
In this community

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. 2128 Cushing
(If rural, give location)
23
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maurice Mechler
3. (b) If veteran, name war No
3. (c) Social Security No. 347-09-9361
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angeline Mechler
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased September (Month) 10 (Day) 1908 (Year)

8. AGE: Years 39 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Tuck Pointer
11. Industry or business

MOTHER FATHER
12. Name Frank Mechler
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Hattie Jaeger
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurice Mechler
(b) Address 2128 Cushing
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 7 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7 year 1948 hour 4:00 minute AM.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion; Coronary Sclerosis.
Due to
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 Patrick E. Taylor (Person in charge of body)
Address Deg Coroner Date signed 7/7/48

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.....

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.