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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24512
Registrar's No. 6270

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 4725 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6 4725 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George E. Mahler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Essie Mahler
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased November (Month) 5 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	8	7	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Funeral Director
FATHER
12. Name John Mahler
13. Birthplace Atlantic Midocean (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Elmore
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Essie Mahler
(b) Address 4725 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 14 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from July 1, 1948 to July 12, 1948
that I last saw him alive on July 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	— ?
Due to	
Due to	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations
Of autopsy

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: John G. McSwinney (M. D. or other) M.D.
Address 5014 Thekla Av. Date signed 7/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOHN G. MCSWINNEY

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. 4077

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.