

No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED OCT 4 1948**

MISSOURI REGISTRATION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **31573**  
**2115**  
Registrar's No. \_\_\_\_\_

Registration District No. **377**

Primary Registration District No. **3063**

76  
2  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**39 Brentmoor Park**  
(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)

3: (a) PRINT FULL NAME **Louis Frank Mahler**  
3. (b) If veteran, name war \_\_\_\_\_ 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 **Jessie Dobyne Mahler** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **Sept 19, 1875**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **11** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Oshkosh, Wisconsin**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired President 1933**

11. Industry or business **Mahler Mach. & Supply Co.**

MOTHER FATHER

12. Name **Adolph Mahler**  
13. Birthplace **Prague, Czechoslovakia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mathilda Dranger**  
15. Birthplace **Essen, Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. E. Misarocchi**  
(b) Address **6307 Westminister Place**

17. (a) **Cremation** (b) Date thereof **9/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Chapel**

18. (a) Signature of funeral director **Robert J. Ambruster, Inc.**  
(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **9-10-48** (b) **Beard**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Clayton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **39 Brentmoor Park**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **9**  
year **1948** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **Sept. 9, 1948**,  
that I last saw him alive on **Sept. 9, 1948**,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary thrombosis** acute  
**acute**  
Due to **diabetes** 61 2 yrs  
Due to **arteriosclerosis** 5 yrs  
Other conditions **degenerative arthritis** 10 yrs  
Major findings:  
Of operations **No operation**  
Of autopsy **No autopsy**  
AP  
PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work? **Herman J. Rosenfeld**  
Means of injury \_\_\_\_\_  
23. Signature **Herman J. Rosenfeld** (M. D. or other)  
Address **3903 Olive St.** Date signed **9/9/48**

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**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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.