

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3471
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>312 HAWTHORNE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>FERDINAND</u> c. (Last) <u>MAULL</u>			4. DATE OF DEATH <u>APRIL 16-1949</u> (Month) (Day) (Year)
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 23-1875</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANUFACTURING</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANUFACTURING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SPAGHETTI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>CHARLES MAULL</u>		13b. MOTHER'S MAIDEN NAME <u>DORIS ALERS</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE MAULL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Red Maull</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Bronchus</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-4-49</u> ANTECEDENT CAUSES DUE TO (b) <u>47C</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>162A</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-4-</u> , 1949, to <u>4-17-</u> , 1949, that I last saw the deceased alive on <u>4-16-</u> , 1949, and that death occurred at <u>11:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur W. Webster M.D.</u>		23b. ADDRESS <u>Webster Groves MO</u>	23c. DATE SIGNED <u>4-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO.</u>
DATE REC'D BY LOCAL REG. <u>APR 18 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasala</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker and co - Web. Groves Mo.</u>	

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

APR 27 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Leslie Welch

Signed.....

Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Woburn Groves*

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.