

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30829

56  
0  
3

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

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 5592	Registrar's No. 29
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY JEFFERSON		a. STATE Mo b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JOACHIM TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JOACHIM TOWNSHIP		
c. LENGTH OF STAY (In this place) 65 YEARS		d. STREET ADDRESS (If rural, give location) NEAR PEVELY Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME-NEAR PEVELY Mo				
3. NAME OF DECEASED		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) FRED		b. (Middle) MAHLER		c. (Last) MAHLER
(Type or Print)		DATE OF DEATH		Mar. 17 1949
5. SEX M. W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
MARRIED	MARRIED	FEB 25, 1866	23	0 22 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME LUDWIG MAHLER	13b. MOTHER'S MAIDEN NAME AMELIA MAHLER	14. NAME OF HUSBAND OR WIFE AMELIA MAHLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS AMELIA MAHLER - PEVELY Mo.		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			1 hr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.			
	DUE TO (b) Arteriosclerosis			15 yrs
	DUE TO (c) Myocarditis			3-4 yrs
	II. OTHER SIGNIFICANT CONDITIONS			3 3/4
	Conditions contributing to the death but not related to the disease or condition causing death.			3 3/4
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 2/19/49, 19, to 3/17/49, 19, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 7:00 A. M., from the causes and on the date stated above.				
23a. SIGNATURE R. E. HENDON (Degree or title) M.D.		23b. ADDRESS Herculaneum Mo.		23c. DATE SIGNED 3/19/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 20-49	24c. NAME OF CEMETERY OR CREMATORY FAMILY CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR PEVELY Mo.	
DATE REC'D BY LOCAL REG. Mar 19 1949	REGISTRAR'S SIGNATURE (Leona) Belleville	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILSTAG FUNERAL HOME - KIMMSWICK Mo.		

1949

RECEIVED  
SEP 19 1949  
District Health Officer No. 9,  
District File Number.

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 *Arthur W. Skelington*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3802*

P. O. Address *Sumner, 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.