

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3461**  
**0306**

FILED FEB 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. John 421</i>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Park Lane Hospital</i>                             |                                   | d. STREET ADDRESS (If rural, give location) <i>8751 North Ave.</i>   |  |

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|--|------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <i>Anna</i> | b. (Middle) <i>Marie</i> | c. (Last) <i>Mahler</i> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><i>Jan 11 1953</i> |
|--|------------------------|--------------------------|-------------------------|--|

|                      |                               |   |                                       |   |
|----------------------|-------------------------------|---|---------------------------------------|---|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>Nov. 15, 1874</i> | 9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <i>78</i> |
|----------------------|-------------------------------|---|---------------------------------------|---|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Householder</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home of blancher</i> | 11. BIRTHPLACE (State or foreign country) <i>Case Girardeau Mo.</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
|--|---|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <i>Henry Hottel</i> | 13b. MOTHER'S MAIDEN NAME <i>Henrietta Ulrich</i> | 14. NAME OF HUSBAND OR WIFE <i>Henry C. Blady</i> |
|--|---|---|

|   |                                     |  |                                |
|---|-------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Nicola E. Schroeder</i> | ADDRESS <i>8751 North Ave.</i> |
|---|-------------------------------------|--|--------------------------------|

|   |   |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Carcinoma of Gall</i><br>DUE TO (c) <i>Bladder &amp; Liver</i> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <i>✓</i>  |   |  |                                  |

|                                       |   |   |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION <i>11-5-52</i> | 19b. MAJOR FINDINGS OF OPERATION <i>Cholecystectomy (Gall stones)</i> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i> |
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|   |   |  |
|---|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i> | 21e. INJURY OCCURRED WHILE AT WORK? ( ) NOT WHILE AT WORK ( ) | 21f. HOW DID INJURY OCCUR? <i>None</i> <b>155X</b> |
|---|---|--|

22. I hereby certify that I attended the deceased from *Sept 3, 1952* to *Jan 11, 1953*, that I last saw the deceased alive on *Jan 11, 1953*, and that death occurred at *2:30 P.M.*, from the causes and on the date stated above.

|   |  |                                 |
|---|--|---------------------------------|
| 23a. SIGNATURE <i>Dr. H. H. ...</i> (Degree or title) | 23b. ADDRESS <i>2739 N Grand St. St. Louis Mo.</i> | 23c. DATE SIGNED <i>1-12-53</i> |
|---|--|---------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>1-13-1953</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i> | 24d. LOCATION (City, town, or village) (State) <i>Wellston, Mo.</i> |
|--|----------------------------|--|---|

|   |   |   |  |
|---|---|---|--|
| DATE REC'D BY LOCAL REG. <b>JAN 12 1953</b> | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>William ...</i> | ADDRESS <i>2504 Woodson Rd - Overland - 14 - Mo.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.