

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40852

FILED DEC 4-1953

State File No.

318

1003

Registrar's No. 11157

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>17 3951 Blaine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) _____		c. (Last) <u>Maul</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 23, 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 1, 1865</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Maul</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Braun</u>		14. NAME OF HUSBAND OR WIFE <u>Teresa Oelschlager</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Knarr, 3951 Blaine, St. Louis 10, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, but as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture, hip, left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, left heart</u> DUE TO (c) <u>an arteriosclerosis</u> OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paget's Disease of Bone</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Oct 28, 1953</u> <u>??</u> <u>??</u>	
19a. DATE OF OPERATION <u>11-5-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>comminuted intertrochanteric fracture</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>fell at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u> <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 28, 1953</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Ft fell at home</u> <u>E9040</u>			
22. I hereby certify that I attended the deceased from <u>10-29</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on <u>10-23</u> , 19 <u>53</u> , and that death occurred at <u>5:55 Pm.</u> , from the causes and on the date stated above. <u>21</u>							
23a. SIGNATURE (Degree or title) <u>Otto Lotter M.D.</u>				23b. ADDRESS <u>16 Hawthorn Unit Pl</u>		23c. DATE SIGNED <u>11-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 24 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.</u>			

WRITE PLAINLY—USE 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schamacher*.....
Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Broadway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.