

AMENDED
 DATE AMENDED 3/7/61
 INSTEAD OF Mildred Mahler
 DOCUMENT
 SHOULD READ Margaret Mahler
 ITEM NO. 14
 BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS				Length of stay in lb D.O.A.		a. STATE MISSOURI b. COUNTY ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital No. 1				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LEMAP	
				Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1158 JEFFERSON	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First WILLIAM		Middle R.		Last MAHLER		JAN-27-1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT-4-1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months 4 Days 23	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTION			10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY		11. BIRTHPLACE (City and state or country) ST LOUIS MO		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME WILLIAM F MAHLER		13b. MOTHER'S MAIDEN NAME MILDRED CRANE		
14. NAME OF HUSBAND OR WIFE Margaret			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW No 2				
16. SOCIAL SECURITY NO. 4201			17. INFORMANT MARGARET MAHLER 1158 JEFFERSON ST LEMAP 25 MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Chronic Coronary Heart Disease							
DUE TO (b) Chronic Endocarditis							
DUE TO (c) Mitral Regurgitation							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph E. Turner Deputy Registrar				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-30-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN-30-1961		23c. NAME OF CEMETERY OR CREMATORY Mtz Lebanon Cem.		23d. LOCATION (City, town, or county) (State) St Louis Co Mo	
24. FUNERAL DIRECTOR FEY FUNERAL HOME MEHLVILLE MO				25. DATE RECD. BY LOCAL REG. JAN 30 1961		26. REGISTRAR'S SIGNATURE Karl Smith M.D.	

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

Custar W. Suter

Licensed Embalmer No.

4329

P. O. Address

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