

318 Primary Registration District No. 1003 Registrar's No. 1453 -61-006720 STATE FILE NUMBER

Registration District No. **318**  
 FILED VS FEB 28 1961

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 <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
Length of stay in 1b <b>1 Day</b>		d. STREET ADDRESS (If outside, give location) <b>1325 Blow St</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deconess Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>(Rev) John H Mauthe</b>			4. DATE OF DEATH Month Day Year <b>Feb 11th 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-13-1900</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>29</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ministry</b>		11. BIRTHPLACE (City and state or country) <b>Pacific, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Louis Mauthe</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Mauthe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Leona Mauthe</b> Address <b>4325 Blow St St Louis, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>CORONARY ARTERY ATHEROSCLEROSIS</b>			<b>4-5HR'S</b>
DUE TO (b) <b>WITH ACUTE OCCLUSION OF BOTH RIGHT &amp; LEFT CORONARY ARTERIES</b>			
DUE TO (c) <b>ARTERIOSCLEROSIS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>			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.	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 **FEB 16, 1960** to **FEB 23, 1960** and last saw ~~her~~ him alive on **FEB 11, 1961** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Observe or title) <b>Robert E Koch, M.D.</b>	22b. ADDRESS <b>35 N. Central</b>	22c. DATE SIGNED <b>2-13-61</b>
---	--------------------------------------	------------------------------------

23. NAME OF CEMETERY OR CREMATORY <b>St Peters E &amp; R Cem</b>	23d. LOCATION (City, town, or county) (State) <b>New Hanen, Mo.</b>
---	--

24. FUNERAL DIRECTOR <b>Fey Funeral Home, Mehlville Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 13 1961</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>
--	--	--

ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 INSTEAD OF  
 DATE

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

*Gustav W. Gutere*

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.