

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis, Mo.* (No. *Barnea Hoep*)

File No. 7592

Registered No. 1233

St. Ward)

2. FULL NAME *Alvin George Mauler*(a) Residence, No. St. *RPO* Ward. *Hillsboro 711*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 26, 1919</i>		
7. AGE	YEARS	MONTHS
<i>17</i>	<i>0</i>	<i>8</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		
9. Industry or business in which work was done, as saw mill, bank, etc. <i>Father's farm</i>		
10. Date deceased last worked at this occupation (month and year) <i>Jan 23, 36</i>		11. Total time (years) spent in this occupation <i>1 yr.</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Meriden, Conn.</i>		
FATHER	13. NAME <i>Johnny Mauler</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Coffey, Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Hellie Crawford</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nichols, Ill.</i>	
17. INFORMANT <i>Alva Crawford</i> (ADDRESS) <i>1125 1/2 1st St. St. Louis, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Louis</i> DATE <i>Feb 4, 36</i>		
19. UNDERTAKER <i>W. H. Bass</i> (ADDRESS) <i>1125 1/2 1st St. St. Louis, Mo.</i>		
20. FILED <i>EEB - 3 10 19</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>2-3, 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>1-27, 1936</i> to <i>2-3, 1936</i> , 19 <i>36</i>
I last saw him alive on <i>2-3, 1936</i> Death is said to have occurred on the date stated above, at <i>3:10 a.m.</i>
The principal cause of death and related causes of importance were as follows: <i>Septicemia</i> <i>Meningitis, pyogenic</i> <i>Non Epidemic</i>
Other contributory causes of importance: <i>Left ventricular SIMULATED C</i> <i>Empyema of sinus 10/4/35</i>
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? <i>yes</i>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury..... Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <i>F. R. Bradley</i> , M. D. (Address) <i>ST. LOUIS HOSPITAL</i>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

