

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

8210
Do not use this space.

APR 12 1939

791
1003

1975

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 3514 Greer Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Katherine Maulhardt

(a) Residence, No. 3514 Greer Ave St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Maulhardt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 6 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to March 1 1939
 I last saw her alive on March 1 1939. Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

acute myocardial infarct Date of onset 3/1/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance:
Chr. Myocarditis 1931
Chr. Interstitial nephritis "
Stenose arterio-sclerosis "
 Name of operation None Date of None
 What test confirmed diagnosis? Chemical Was there an autopsy? no

FATHER
 13. NAME Peter Haas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Emil Maulhardt
 (ADDRESS) 3514 Greer Ave

18. BURIAL CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE March 4 1939

19. FUNERAL DIRECTOR (NAME) Petz Brothers
 (ADDRESS) 3029 Greer Ave
Lafayette Ave

20. FILED MAR 2 1939
J. B. ...

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? None
 If so, specify _____
 (Signed) J. B. ... M. D.
 (Address) 20. S. N. ...

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank J. Givens*

Licensed Embalmer No. *7745*

P. O. Address.....

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, above space should be left blank.