

Registration District No. 791

MAY 17 1940

Registration District No.

I. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limit, write "RURAL")
 (d) Street No. 806 HICKORY ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Fred Mauchenheimer 255

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 4 26 hr. min.9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)10. Usual occupation BARTENDER 0

11. Industry or business _____

12. Name FRED MAUCHENHEIMER 613. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name BARBARA ESSLER 615. Birthplace GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant Julia Bern(b) Address 806 HICKORY17. (a) CREMATION (b) Date thereof 1-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mo. CREMATORY18. (a) Signature of funeral director SCHUMACHER UND CO(b) Address 3013 MERAMEC19. (a) JAN 20 1940 (b) J. J. Brubaker
(Date recorded local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19,
year 1940 hour 6:00 minute _____ P. M.21. I hereby certify that I attended the deceased from January
13, 1940, to January 19, 1940;
that I last saw him alive on January 19, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death _____
Carcinoma - metastases
Origin Site Unknown
Due to MalnutritionDue to _____
Other conditions _____
(Include pregnancy within 3 months of death) 53Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Harold Freeman (M. D. or other) !
Address 1515 Lafayette Date signed 1/20/40

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.....

George J. Delhaembaut
working under my personal supervision.

Registered Apprentice No.

Signed *George J. Delhaembaut*

Licensed Embalmer No. *2906*

P. O. Address *3013 M. Ave*

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.