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APR 2 1941

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 33

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington

(c) Name of hospital or institution: St. Francis Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 3 days

3. (a) PRINT FULL NAME Maritz Charles Saul (SAUL)

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 Sept 5 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 6 18 hr. \_\_\_\_\_ min.

9. Birthplace Ahusbock, Schleswig Holstein  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist Denmark

11. Industry or business Private Practice Dentist

12. Name Jules Saul

13. Birthplace Ahusbock Denmark  
(City, town, or county) (State or foreign country)

14. Maiden name Hurinda Nichols

15. Birthplace Neustad Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Blanch Boyd

(b) Address Queensville Mo

17. (a) Burial (b) Date thereof 3-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queensville Mo

18. (a) Signature of funeral director J. Murray

(b) Address Queensville Mo

19. (a) March 25-1941 (b) H. J. May  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 37

(c) City or town Queensville 2  
(If outside city or town limits write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 64 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1941 hour 7:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 20 1941 to March 23, 1941; that I last saw him alive on March 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Pneumonia 36 hrs

Due to Coronary Thrombosis 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 44

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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? \_\_\_\_\_

23. Signature Frank L. Mays (Specify type of place) 270 (M. D.)  
Address 311 W 4th, Washington, Mo (c) Means of injury \_\_\_\_\_  
Date signed 3-23-41

**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 *me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert M Murray*

Licensed Embalmer No.....

*37490*

P. O. Address.....

*Owensville, 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 this body is not embalmed, above space should be left blank.**