

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16511  
Registrar's No. 4029

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Octavia Maupin

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

4. Sex Female 5. Color or race W 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 Jan. 23rd. 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Edward B. Maupin

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

14. Maiden name Anna Smith

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

16. (a) Informant Lucy M. Juanae

(b) Address 4289 Kossuth Ave.

17. (a) Burial (b) Date thereof 5-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Mo.

18. (a) Signature of funeral director Provat Dred Co.

(b) Address 3710 E. Grand Blvd.

19. (a) MAY 13 1941 (b) J. W. Breck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1017  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4289 Kossuth Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th  
year 1941 hour 10.45 minute A. M.

21. I hereby certify that I attended the deceased from May 5, 1941, to May 10, 1941  
that I last saw him alive on May 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 2 yr

Due to Hypertension

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

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

Major findings: Of operations Myocarditis Chronic of the Liver  
Of autopsy yes

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature CSA (M. D. or other) MD

Address \_\_\_\_\_ Date signed \_\_\_\_\_

C.S. O'Connor  
1316 E. N. Grand  
9-10 PM. 2-4 & 7-8 PM.  
72 9921

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 *Robert L. Linkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N. Grand Bl*

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, fact should be so stated above.