

Registration District No. 1012 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County X

(b) City or town ST. LOUIS

(c) Name of hospital or institution: Goodfellow + Buehn 3 Small Arms plant
(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 VALENTINE MAUHAR

(b) If veteran, name war _____

(c) Social Security No. 492-09-3746

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife THERESIA MAUHAR

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEB. 14 1885
(Month) (Day) (Year)

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

56 10 13 hr. min.

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

10. Usual occupation STONE MASON'S LABORER

11. Industry or business SMALL ARMS PLANT-U.S.G.

MOTHER FATHER

12. Name BLOSS MAUHAR

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

14. Maiden name UNKNOWN

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

16. (a) Informant THERESIA MAUHAR

(b) Address 6854 SOUTH WEST

17. (a) BURIAL (b) Date thereof DEC. 31 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 MANCHESTER AVE.

19. (a) _____ (b) J. F. Beckebach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6854 SOUTH WEST
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day SATURDAY - 27
year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from ruptured aortic Aneurysm; cause undetermined

Due to _____

Due to _____

Other conditions 96
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 U

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 12/30/41

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

1179

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B

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyrus Pl*

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.