

No. 2
4-2-43
5-1-43
1 X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33337

OCT 27 1943

State File No. 9200

Registration District No. 318

Primary Registration District No. 1007

Registrar's No.

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:
508 Locust St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 1037 North Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy W. Maule

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 Married

6. (b) Name of husband or wife Margaret Maule

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Apr. 26 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>5</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Investment Broker

11. Industry or business _____

MOTHER FATHER {

12. Name Edward Maule

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

14. Maiden name Ella Chaplaine

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

16. (a) Informant Margaret Maule

(b) Address 1037 No. Drive

17. (a) Burial (b) Date thereof 10-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 19 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 9 minute A M.

21. I hereby certify that I attended the deceased from January 10th 1943 to Oct. 16th 1943
that I last saw him alive on Oct. 16th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 1st attack

Due to: Hypertension

Due to: _____

Other conditions (Includes pregnancy within 3 months of death) None

Major findings: None

Of operations: _____

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence No natural

(c) Where did injury occur? Autopsy
(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 Scott Hever, M.D. (M. D. or other)

Address 634 N. Grand St. St. Louis Date signed 10/18/43

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

Mr. Reddy
1-2 P.M.
Je 8411

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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.