. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 5474

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5418 Christy Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 80
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 5418 Christy Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph George Mascheck

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Clara Flint Mascheck

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 1st. 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	10	hr. min.

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

10. Usual occupation Grocer (Retired)

11. Industry or business Grocer

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clara Mascheck
(b) Address 5418 Christy Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Henry L. Heidemueller
(b) Address 6203 Gravois Ave.

19. (a) FEB 14 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 12 1944, 1944 to Feb. 12, 1944
that I last saw h alive on Feb. 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage — Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. P. Habig (M. D. or other)

Address 5817 Gravois Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

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. Albert G. Koppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.