

FILED JUN 13 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 1898

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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Victoria Maul

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 12 1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Attendant

11. Industry or business St. Mary's Infirmary

12. Name Louis S. Thomas

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

14. Maiden name Unknown

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

16. (a) Informant Harry D. Maul

(b) Address 3931 Cook Ave.

17. (a) Burial (b) Date thereof 6-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave.

19. (a) JUN 1 1946 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3906 W Belle  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-16-46 to 5-29-46  
that I last saw her alive on 5-29-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage Duration Undet.

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

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

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

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

Of autopsy NO

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 Orion J. Feyer (M. D. or other)  
Address 2601 W. Walker Date signed \_\_\_\_\_

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

MOTHER FATHER

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.....

*Thomas J. Gates*, Registered Apprentice No.....  
working under my personal supervision.

Signed *Thos. J. Gates*  
Licensed Embalmer No. *4259*  
P. O. Address *4107 Finney*

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.