MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42204

File No.
Registered No. 12080

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1013
City ST. LOUIS (No. 1813 CORA AVE St. Ward)

2. FULL NAME MARIE MAUS

(a) Residence, No. 1813 CORA AVE St., 7A Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WM H. MAUS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 10 1847

7. AGE: Years 84 Months 8 Days 23 If LESS than day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) NEW ORLEANS LA

FATHER

13. NAME ADAM RENTH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) DARMSTADT GERMANY

MOTHER

15. MAIDEN NAME KUNIGUNDE ~~RENTH~~ JENAMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) BAVARIA GERMANY

17. INFORMANT T. W. OBERHAUSER
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEVILLE Ill DATE DEC 5 '31

19. UNDERTAKER WAGONER UNDG CO
(ADDRESS) 3621 Olive St.

20. FILED DEC -4 1931 [illegible]
Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1931, to December 3, 1931.
I last saw her alive on December 3, 1931. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism —	10/4/31
Mitral Insufficiency —	2
108	
108	
108	
Other contributory causes of importance:	
Terminal pneumonia	12/3/31
Lobar	

Name of operation no Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. F. Schwartzman M. D.
(Address) 3153 Longfellow Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.