7 JAN 4 1935

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

Do not use this space.

44485

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1408

City St Louis (No. St Anthony Hospital St. ..... Ward)

File No. 11587

Registered No. .....

2. FULL NAME Leo Maurer

(a) Residence, No. 1652 a S Vandervanter St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1898.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36.	1.	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Factory.

10. Date deceased last worked at this occupation (month and year) About Oct /34

11. Total time (years) spent in this occupation 5 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis. Mo.

FATHER

13. NAME Charles Maurer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

MOTHER

15. MAIDEN NAME Elizabeth Deuan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland

17. INFORMANT Mrs Elizabeth Schuepke
(ADDRESS) 1652 a/S. Vandeventer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE Dec. 6. 1934

19. UNDERTAKER A.H. McLaughlin.
(ADDRESS) 2301 Lafayette

20. FILED DEC 6 1934 J F Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Dec 4, 1934

I last saw him alive on Dec 3, 1934. Death is said to have occurred on the date stated above, at 5.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hepatitis	
" Cholecystitis with stones	
Obstructive Jaundice	

Other contributory causes of importance:

126

Name of operation Cholecystectomy Date of Dec.

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? None
If so, specify .....

(Signed) B. J. Trauffel, M. D.

(Address) 3532 Bowen

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.

100M-11-24-33