

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.

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

Do not use this space.

3141

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Sanitarium)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 162
St. Ward)

2. FULL NAME

Louisa Maurer

(a) Residence, No. 5800 Arsenal St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-------------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>82</u>	<u>3</u>	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	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 COUNTRY) Ohio ?

13. NAME Valentine Reiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

15. MAIDEN NAME Elizabeth Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown ?

17. INFORMANT J. G. Sullivan
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem DATE Jan 6, 1937

19. UNDERTAKER Arthur H. McLaughlin
(ADDRESS) 2301 24th St

20. FILED JAN 5 1937 Registrar. J. P. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Jan. 3, 1937

I last saw her alive on Jan 3, 1937 Death is said

to have occurred on the date stated above, at 3:45 A.M.

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

Brucnopneumonias Date of onset
107a

Other contributory causes of importance:
Arteriosclerosis, general-ized
Arthritis, hypertrophic

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify.....

(Signed) [Signature], M. D.

(Address) 5600 Arsenal

