

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** (No. **Deaconess Hospital**)
 File No. **18831**
 Registered No. **5407**
 St. Ward)

2. FULL NAME **George Daniel Maurer**
 (a) Residence, No. **6235 Marmaduke Avenue** St. **3** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30th**, 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **May 23**, 19**37**, to **May 30**, 19**37**.
 I last saw him alive on **May 30**, 19**37**. Death is said to have occurred on the date stated above, at **4:30 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 29th, 1901**

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset **5-23-37**

7. AGE YEARS **35** MONTHS **7** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clothing Salesman**

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) **May 21, 1937** 11. Total time (years) spent in this occupation

Other contributory causes of importance:
108

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

13. NAME **George Maurer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

15. MAIDEN NAME **Mary Hoffman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hope Missouri**

17. INFORMANT **Catherine Maurer** (ADDRESS) **6235 Marmaduke**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul June 1st 1937**

19. UNDERTAKER **Harrigan & Sheahan** (ADDRESS) **4415 Washington**

20. FILED **MAY 31 1937** **J. L. Bredeck** Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? **X-ray + Lab.** 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?
 If so, specify _____

(Signed) **J. L. Bredeck** M. D.
 (Address) **5730 Southwest Ave**

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.

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