

JAN 24 1938

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

124
~~46814~~
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96 1100
(b) Township _____ Primary Registration District No. 1.12
(c) City Richmond Hts. (d) Street No. 7214 Arlington Dr. Registered No. 50
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Magdalena Maurer 660

(a) Residence, No. 7214 Arlington Dr. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
90 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Alsace Lorraine 7

FATHER 13. NAME Unknown Specht 7

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine 7

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

17. INFORMANT Henry Maurer
(ADDRESS) 7214 Arlington Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 1-8 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED 127 1938 THEODORE R. MEYER M. D. DR.
Deaths State Comm. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937 to Jan 6 1938
I last saw him alive on Jan 1st 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____

Arterio-Sclerosis
97
Date of onset (2) about 157.00

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) James A. Peterson, M. D.

(Address) 3883 Julian 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.

96
7
2

8c

5885 Julian Ave. N/w 5223

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by
working under my personal supervision.

....., Registered Apprentice No.

Signed *Edwin M. Bennett*

Licensed Embalmer No. 3024

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.)