

REC'D APR 1 1938

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

8885
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(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.

Registration District No. 791Primary Registration District No. 1003Registered No. 2474

(d) Street No. 4966 Pernod Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME August Maurer 660

(a) Residence, No. 4966a Pernod Ave. St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1st. 1869.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Xavier Maurer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Maurer
(ADDRESS) 4966a Pernod

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Mar. 14- 1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 235 S. Broadway

20. FILED MAR 14 1938

J. D. Buech
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 11th. 1938

22. Several years HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 3/10/1935, 19..... Death is said to have occurred on the date stated above, at 12 Midnight.

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

Chor Myocarditis

Date of onset

Other contributory causes of importance:

Chor Intestinal Hepatitis

Name of operation..... Date of.....
What test confirmed diagnosis? Pyruvic 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) William J. Kane, M. D.

(Address) 45-35 Eugene 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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Oylaud, Licensed Embalmer No. 2645

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

L. E.
No. 2645 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Oylaud
Licensed Embalmer No. 2645

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.)