

1941 JAN 15 1941
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4422a Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4422a Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 Years years.

3. (a) PRINT FULL NAME Frederick Maurer.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Elizabeth Maurer, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 9th, 1856.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 21 _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Painter, Retired.

11. Industry or business _____

12. Name Unknown.

13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. A. Bietsch.

(b) Address 4422a Greer Ave.

17. (a) Burial (b) Date thereof 12-4-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon cem.

18. (a) Signature of funeral director: Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave

19. (a) DEC 2 1940 (b) J. H. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 2nd day
year 1940 hour 2.55 A. M. minute _____ A. M.

21. I hereby certify that I attended the deceased from Febr. 2nd
1940 to Dec. 2nd, 1940
that I last saw him alive on Dec 2nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs.

Due to Chronic Interstitial Nephritis 5 yrs/

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edwin J. Ehrlich (M. D. or other) M. D.
Address 3635 No. Newstead Ave. Date signed 12/4/40.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2233 St. Louis

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.)

If this body is not embalmed, fact should be so stated above.