No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20362

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5174

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: 3963A DELMAR. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3963A DELMAR (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE MAUER.
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HARRY MAUER.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased APRIL (Month) 6 (Day) 1898 (Year)
8. AGE: Years 43 Months 2 Days 15 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business OWN
MOTHER FATHER
12. Name HENRY WARING.
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name CAROLINE PRIEST.
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)
16. (a) Informant Harry Mauer
(b) Address 3963 DA DELMAR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST MARCUS.
18. (a) Signature of funeral director E. J. Schmurr
(b) Address 3125 Lafayette Ave.
19. (a) JUN 24 1941 (Date received by registrar) (b) J. Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21 year 1941 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from 6/1 1941, to 6/21 1941. that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to Hypertension
Due to
Other conditions chronic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. Fuchs (M.D. or other)
Address 3115 So. Grand Date signed 6/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1950

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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.