

Registration District No. 791

Primary Registration District No. 1003

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Catherine Maurer

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

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

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 4 hr. min.

9. Birthplace Monroe Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Purtle

13. Birthplace Monroe Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jansen

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

16. (a) Informant Clarence Hunt

(b) Address 1277 Amburat Pl.

17. (a) Removal (b) Date thereof 9/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 13 1941 (b) J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Afton
(If outside city or town limits, write "RURAL")
(d) Street No. 6758 Bonnie Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th
year 1941 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 29 1940 to Sept 11 1941
that I last saw her alive on Sept 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Duration
Renal disease with
Hypertension 2 yrs.

Due to _____

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 Lucretia J. Javany (M. D. or other) 0
Address 607 N. Grand Blvd. Date signed 9-12-41

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.....

Ray W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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.