S: No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4693

Primary Registration District No.

Registrar's No. 1242

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital
(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: St. Louis

(c) City or town: Overland N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.: 2934 Ashby Rd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mathilde Mauer

3. (b) If veteran, name war: -

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Anton Mauer

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: December (Month) 8 (Day) 1864 (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Sabastian Sack

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

MOTHER 14. Maiden name: Anna Stiglbauer

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

16. (a) Informant: Mrs. Adelinde Klose

(b) Address: 4152 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Stroot-Carroll

(b) Address: 4600 Natural Bridge Ave.

19. (a) FEB 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1942 hour three minute five P.M.

21. I hereby certify that I attended the deceased from ..... 19.... to February 7, 1942 that I last saw her alive on February 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary — Uncertain

Due to:

Due to:

Other conditions: Secondary Anemia & Cachexia — Uncertain
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: None performed.

Of autopsy: Above findings confirmed.

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): No

(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: N/A

23. Signature: G. O. Brown (M. D. or other) M.D.

Address: 1375 So. Grand Blvd. St. Louis, Mo. Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

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.