

FILED AUG 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26029

State File No. ....

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 6295

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:  
3321 Wisconsin 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.....  
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. 3321 Wisconsin, Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Ursula Maurer,

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

3. (c) Social Security  
No.....

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married,  
2 divorced. Widowed,  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
John Maurer, alive..... years  
7. Birth date of deceased April 16, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 25 hr. min.

9. Birthplace..... Germany, 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER

12. Name John Esswein,

13. Birthplace..... Germany, 4  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Sox,

15. Birthplace..... Germany, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John Maurer

(b) Address 3321 Wisconsin Ave.

17. (a) Burial (b) Date thereof 8/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. P. & P. Cem.

18. (a) Signature of funeral director Helen Bern Mortuary

(b) Address 2842 Meramec St.,

19. (a) AUG 12 1942 (Date recorded)  
J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1942 hour 1: minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 1940  
& since for over 3 years past,  
that I last saw him alive on 1 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
Due to Arteriosclerosis  
Due to Myocarditis, Chronic  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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) no.  
(b) Date of occurrence none.  
(c) Where did injury occur? none.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None  
While at work? no (Specify type of place) (e) Means of injury none

23. Signature J. A. Odier M.D. (M. D. or other)  
Address No. 8-1657 So Grand St. Date signed 8-11-42

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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Joe D Benz*  
.....  
Licensed Embalmer No. 4249

P. O. Address. 2842 Meramec St.  
St. Louis MO.

**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.**