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No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11651**

FILED JAN. 4 1944

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3536 Magnolia
(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)

3. (a) PRINT FULL NAME John Maurer

3. (b) If veteran, name war _____

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. _____

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

7. Birth date of deceased. Jan. 21 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>3</u>	_____.hr. _____.min.

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

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER

12. Name John Maurer

13. Birthplace Germany
(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 Clarence Maurer

(b) Address 3536 Magnolia

17. (a) (Burial, cremation, or removal) Motor

(b) Date thereof 12/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Park View Cem., Farmington

18. (a) Signature of funeral director Wm J. Robt & Co.

(b) Address 1905 South Grand

19. (a) DEC 24 1943 **(b) J. T. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 916

(d) Street No. 3536 Magnolia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1943 hour 5 minute AM.

21. I hereby certify that I attended the deceased from July 1943 to Dec 24 1943
that I last saw him alive on Dec 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to Arterio Sclerosis 10 yrs

Due to Hypertension 10 yrs

Other conditions Hypertrophic pyloric stenosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 8/2

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?
Missouri

While at work? _____ Means of injury? _____

23. Signature Alan Kracl **(M. D. or other)**
2416 S. Grand **Date signed** 12/24/43

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..... *Frank Prokoff*
Licensed Embalmer No..... *4356*
P. O. Address..... *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.