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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4391
Registrar's No. 193

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (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 Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 6425 Derby Avenue. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack Lee Mauzy.
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 14, 1929. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
14	8	26	hr. min.

9. Birthplace St. Louis County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation School boy and Clerk
11. Industry or business
FATHER 12. Name James G. Mauzy.
13. Birthplace Salem, Missouri. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Fleta Bottorff.
15. Birthplace Kansas City, Kansas. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. James G. Mauzy.
(b) Address 6425 Derby Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) JAN 24 1944 (Date received local registrar) (b) E. G. McNamara, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th. year 1944 hour 8 minute P.M. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by a truck while a pedestrian on a public highway.
Due to Cerebral concussion; Laceration of liver and spleen;
Due to Hemoperitoneum.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes.

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 096
(b) Date of occurrence January 17, 1944
(c) Where did injury occur? 6100 block of Page Av. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury 3
23. Signature V. S. Meyfogle Deputy Coroner (M.D. or other)
Address Kirkwood, Mo. Date signed 1-21-44

(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 Ben Hoffman

Licensed Embalmer No. 7366

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.