V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15378

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4751

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: 1220a So. 9th St. (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 Mo. (b) County St. Louis

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 1220a So. 9th St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0 22

If yes, name country

3. (a) PRINT FULL NAME Charles P. Maurer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 10 (Day) 1872 (Year)

8. AGE: Years 72 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Boat Captain

11. Industry or business

FATHER
12. Name Philip Maurer
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Elizabeth Germany (City, town, or county) (State or foreign country)

16. (a) Informant Rose Cobey

(b) Address 1220a So. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1945, to May 28, 1945, that I last saw him alive on May 28, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Collapse	2 days
Due to Uremia - Chr. Nephritis	
Due to Arteria - Sclerosis	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Dr. Leo P. Young (M. D. or other)

Address 2621 S. Jefferson Date signed 5/29/45

(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 John Ogonoski

Licensed Embalmer No. 3398

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.