

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22289
Registrar's No. 5800

Registration District No. JUL 20 1945 818

Primary Registration District No. 1003

000
17
9

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3630 Montana /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 20 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary Maurer
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife..... Charles
 6. (c) Age of husband or wife if alive..... 78 years
 7. Birth date of deceased November 27 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Michael Foerstel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Marie Eickmeyer
 (b) Address 3630a Montana

17. (a) Burial (b) Date thereof 7/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Old SS Peter & Paul

18. (a) Signature of funeral director..... Oscar J. Hoffmeister
 (b) Address..... 4916 Chippewa at Gravois

19. (a) JUL 5 1945 (b) J. J. Bredek
(Date recorded by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060
 (c) City or town St. Louis, 17 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 3630 Montana 7
(If rural, give location)
 (e) Citizen of foreign country?..... no 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1945 hour 8 minute 30 AM
 21. I hereby certify that I attended the deceased from May 29 to June 29, 1945
 that I last saw her alive on June 20, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis?
93rd
Dementia
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings:
 Of operations.....
 Of autopsy.....

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?.....

23. Signature Joseph J. Turner Date signed 7-3/45
 Address 4015 50th Grand

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

5800

5800

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.