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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 646

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6

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

2843

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: BERNARD NURSING HOME 4
(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) MAUER.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 117
(If outside city or town limits, write "RURAL")

(d) Street No. 3676 C DOVER PL 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME JULIA ~~MAUER~~

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

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 DEC (Month) 12 (Day) 1870 (Year)

8. AGE: Years 75 Months 0 Days 19 If less than one day hr. min.

9. Birthplace NEWORK (City, town, or county) N.J. (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name JOHN J MAUER
13. Birthplace NEWORK (City, town, or county) N.J. (State or foreign country)

MOTHER
14. Maiden name MARY KOHLBECKER
15. Birthplace NEWORK (City, town, or county) N.J. (State or foreign country)

16. (a) Informant MISS JESSIE MCLEAN

(b) Address 3776 A DOVER PL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 4 (Day) 45 (Year)

(c) Place: burial or cremation OLD ST. PETER PAUL

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SO. KINGSHIGHWAY

19. (a) JAN 9 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1 year 1946 hour 630 AM minute M.

21. I hereby certify that I attended the deceased from June 1st, 1943, to Jan 1st, 1946 that I last saw her alive on Dec 24th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial	6/45
Due to Arteriosclerosis	
Due to Senility	1943
Other conditions (Include pregnancy within 3 months of death) 93	

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

23. Signature [signature] (M. D. or other)

Address 5205 Cleveland Date signed 1/2/46

(H. Smith)

(Licensed Embalmer's Statement on Reverse Side)

Mr. R. Smith

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.