

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10687

FILED APR 9 1946
Registration District No. 317

Primary Registration District No. 3070

State File No. _____
Registrar's No. 734

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
228 Edgar Road
(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 **Missouri** (b) County **St. Louis** 9/10
(c) City or town **Webster Groves** 7
(If outside city or town limits, write "RURAL")
(d) Street No. **228 Edgar Road.** 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widow**
6. (b) Name of husband or wife **Philip Maurer**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 24 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **3**
If less than one day _____ hr. _____ min.

9. Birthplace **Philadelphia Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife at home**

11. Industry or business _____

12. Name **Jehu Stull**

13. Birthplace **Penn.**
(State or foreign country)

14. Maiden name **Mary Keller**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. N. Hermann**
(b) Address **228 Edgar Road**

17. (a) **Removal** (b) Date thereof **Mar. 28 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **James J. Cullinane**
(b) Address **831 E Big Bend Boul.**

19. (a) **3-29-46** (b) **Ed. J. Garand**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **27**
year **1946** hour **5** minute **P.** M.
21. I hereby certify that I attended the deceased from **Mar. 27** 19**46** to **Mar. 27** 19**46**
that I last saw **her** alive on **Mar. 27** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pericarditis 2/1
Due to _____
Due to **92b**
Other conditions **Myocardial Stearosis** 5/1
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **S. J. Vallone** (M. D. or other) **MD**
Address **63 W. Big Bend** Date signed **3/27/46**

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

A.

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.....

W. Wilkins

..... Licensed Embalmer No.....

3575

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.