

S. No. 2  
M-5-43  
5-17-39  
I X36871

175783

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 6 1946  
STANDARD CERTIFICATE OF DEATH  
318

THE STATE BOARD OF HEALTH OF MISSOURI

003

State File No. 18695  
Registrar's No. 4736

Registration District No. 318 Primary Registration District No. Registrar's No. 4736

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: St Johns Hospital  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(d) Street No. 1646 S. Theresa  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Godfrey H. Maurer, 3rd  
(b) If veteran, name war X (c) Social Security No. X  
(d) Sex male 0 (e) Color or race white  
(f) (b) Name of husband or wife. (c) Age of husband or wife if alive. years  
(g) Birth date of deceased May 20, 1946 (Month) (Day) (Year)  
(h) AGE: Years Months Days If less than one day  
0 0 6 hr. min.  
(i) Birthplace St Louis Missouri (City, town, or county) (State or foreign country)  
(j) Usual occupation.  
(k) Industry or business.

MOTHER FATHER { 12. Name Godfrey Maurer, Jr.  
13. Birthplace Brooklyn, New York (City, town, or county) (State or foreign country)  
14. Maiden name Myra Harle  
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Godfrey Maurer 3rd Jr.  
(b) Address 1646 S. Theresa  
(c) Place: burial or cremation New St. Peter & Paul  
(d) Signature of funeral director J L Ziegenhein & Sons  
(e) Address 7027 Gravois  
(f) (a) MAY 27 1946 (b) Date thereof 5/27/46 (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul  
(d) Signature of registrar J. F. Bredeak (Registrar's signature)  
(e) (Date received local registrar)

20. DATE OF DEATH: Month may day 26 year 1946 hour 11 minute P.M.  
21. I hereby certify that I attended the deceased from May 21 1946 to May 26 1946  
that I last saw him alive on May 26 1946 and that death occurred on the date and hour stated above.  
Immediate cause of death Peritonitis caeca Duration 2 days  
Due to non union of mid and lower gut (Congenital)  
Other conditions 157  
Major findings: Of operations Non union of mid and lower gut  
Of autopsy Peritonitis  
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) (c) Means of injury  
23. Signature W. P. Gleason (M. D. or other)  
Address University Club Bldg. Date signed 5/27/46  
St Louis

(Licensed Embalmer's Statement on Reverse Side)

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**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. J. Peterson*

Licensed Embalmer No.....

*3767*

P. O. Address.....

*Overland, 14th*

**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.**