S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36053

Registrar's No. 9332

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 909 Buchanan St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): Seventy yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 909 Buchanan St. (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MAURER, RUDOLPH H.

3. (b) If veteran, name war: @@@@@@@@@

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lillian

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: June (Month) 24 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	14	@@@ hr. @@@@ min.

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

10. Usual occupation: Bricklayer

11. Industry or business: Construction

FATHER
12. Name: Ignacius Maurer
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant: Lillian Maurer
(b) Address: 909 Buchanan St. St. Louis 7,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Park Cem.

18. (a) Signature of funeral director: J L Ziegenhein&Sons
(b) Address: 7027-Gravois Ave. St. Louis, 16

19. (a) OCT 8 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 th. year 1947 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 1st, 1947, to Oct 8, 1947, that I last saw h. alive on Oct 8th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: 2 hrs.

Due to: Hypertension

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause of 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: (M. D. or other)

Address: Date signed: 10/6/47

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.