No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6749

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2135

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6508 PARKWOOD PLACE (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) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 6508 PARKWOOD PLACE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH M. MAURER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LATE EDWARD MAURER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER 8th, ~~1948~~ 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 21 If less than one day hr. min.

9. Birthplace ~~XXXX~~ BEAVER PRAIRIE, ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business

FATHER
12. Name WE INHEIMER
13. Birthplace ~~XXXXXXXXXX~~ ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY WOLL
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant MR. W. J. BERGMANN
(b) Address 6 508 PARKWOOD PLACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 29th year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 28, 1948 to Feb. 29, 1948 that I last saw her alive on Feb. 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs
Due to Intestinal Influenza	12 "
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 A. W. Peters (M. D. or other) M.D.
Address 4145 a S. Grand Blvd. Date signed 3/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Lo 7733 2-4 N. 200.

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.