

Registration District No. **318** Primary Registration District No.

1003

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: Missouri Pacific Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair ⁹⁹⁴
(c) City or town Rural
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. Sugarloaf Township
N. R. (If rural, give location) ²
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Maurer
(b) If veteran, name war No
(c) Social Security No. 702 14 6889

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1948 hour 3 minute 15 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 11, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18, 1948 to July 30, 1948
that I last saw him alive on July 30 and that death occurred on the date and hour stated above.
Immediate cause of death Diabetes mellitus
Duration 4 yrs.

8. AGE: Years Months Days If less than one day
58 5 19 hr. min.

Due to same
Due to 61

9. Birthplace East Carondelet, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Welder's Helper

11. Industry or business Missouri Pacific Railroad

12. Name Frank Maurer

13. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kerchoff

15. Birthplace E. Carondelet, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Maurer

(b) Address E. Carondelet, Ill.

17. (a) Dupo, Ill. (b) Date thereof July 30, 1948
(Birth, admission, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Donald A. Washburn
(b) Address Dupo, Illinois

19. (a) JUL 30 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Other conditions Crushes of bones
(Include pregnancy within 3 months of death)
Fracture of left rib Did not contribute to the cause of death
Major findings: Diabetes mellitus
Of operations Diabetes mellitus
Of autopsy _____
Address _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Dupo, Ill. (b) Date thereof July 30, 1948
(Birth, admission, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Donald A. Washburn
(b) Address Dupo, Illinois

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) JUL 30 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

19. Signature Vincent A. Sherrill (M. D. or other)
Address M.O.P. Hospital, St. L. Date signed 7/30/48

WHILE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

..... Body not embalmed, Registered Apprentice No.....

working under my personal supervision.

Signed..... Harold A. Mackner

Licensed Embalmer No.....

P. O. Address..... Dupo, Illinois

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.