

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28016

7697

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 day's
(Specify whether years, months or days)
In this community _____
years, months or days

3: (a) PRINT FULL NAME Elizabeth Maurer

3: (b) If veteran, name war No 3: (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Maurer 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 1, 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

9. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Maurer

(b) Address 4047 Easton Ave.

17. (a) Burial (b) Date thereof Sept. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blvd

19. (a) SEP 1 (b) J. F. Braddock
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 200
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4047 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? // (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th
year 1948 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8.24.48
to 8.30.48
that I last saw him alive on 8.29
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Duration 1 1/2 h

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 82

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

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 J. F. Braddock (M. D. or other)

Address 8952 Maryland Date signed 8.31.48

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.....

Henry M. Brammer

Licensed Embalmer No. *4200*

P. O. Address. *St. Louis*

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.