

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21411

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 8001 PRIMARY REG. DIST. NO. 816 Registrar's No. 5508

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3722a Shreve Ave.		d. STREET ADDRESS (If rural, give location) 7-3722a Shreve Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Carrie		b. (Middle) Maurer	
c. (Last) Maurer		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 26, 1877
9. AGE (In years last birthday) 72		10. MONTHS 3	11. DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Maurer	
13b. MOTHER'S MAIDEN NAME Laura Steininger		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Gustave A. Maurer		ADDRESS 4145 Ashland Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary occlusion</u> ANTECEDENT CAUSES <u>Myocardial infarction, valvular disease</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 129a		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2142 X	
22. I hereby certify that I attended the deceased from May 7, 1946, to June 25, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 3:00 Am., from the causes and on the date stated above.			
23a. SIGNATURE <u>John F. Foutz</u> (Degree or title) M.D.		23b. ADDRESS 4703 Carter Nor. St. Louis	
23c. DATE SIGNED 6-25-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/27/49		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. JUN 27 1949	
REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Foutz, 4828 Natural Bridge Bld	

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

4703 Center  
605677.  
2-14 P.M. Sat.

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Wilson  
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.