

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25472

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 19003 Registrar's No. 11686

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton 2		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 3446 Wyoming 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #66 & Geyer Rd.			
3. NAME OF DECEASED a. (First) Marlene		b. (Middle) _____	
c. (Last) Maurer		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 12, 1932
9. AGE (In years last birthday) 16		10. UNDER 1 YEAR Months _____	11. UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Maurer		13b. MOTHER'S MAIDEN NAME Gretchen Kaue	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Frank Maurer		ADDRESS 3446 Wyoming	
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) - compound comminuted fractures of skull - occupant of automobile which crashed into rear of loaded cattle truck on Highway 66, near Geyer Road, St. Louis County, Mo. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road	
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo. 96			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 16 49 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR see above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 7/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7/18/49	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 7-18-49		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hacks & Holdahl 217 H. Co., 3634 Travis	

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

96
any names

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

Rehif J. Krupin

Licensed Embalmer No.

3497

P. O. Address

3634

Harvard

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.