

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21804

State File No. 5157

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Marshall Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0972</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp</u>				d. STREET ADDRESS <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>MAURER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 '50</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-21-1894</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station agent</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>G.M.O. RR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Maurer</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Griffin</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Maurer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>709 12 0453</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mable Maurer Marshall, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O1</u>			
22. I hereby certify that I attended the deceased from <u>May 15, 1950</u> , to <u>June 12, 1950</u> , that I last saw the deceased alive on <u>June 12, 1950</u> , and that death occurred at <u>3:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert A. Hunkeler M.D.</u>				23b. ADDRESS <u>1755 So. Grand</u>		23c. DATE SIGNED <u>6/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6 12 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Armstrong, MO.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ALBERT H. HOPPE ST. LOUIS, MO.</u>			

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

JUN 28 1950

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed: Elton H. Penick

Licensed Embalmer No. 42-83

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.