

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28460**
Registrar's No. **7400**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) ST. LOUIS		c. LENGTH OF STAY (In this place) 2 WKS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 1814 So. JEFFERSON	
3. NAME OF DECEASED (Type or Print) FRANK MAURER			4. DATE OF DEATH (Month) (Day) (Year) AUG. 29, 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 10, 1890
9. AGE (In years last birthday) 60		10. MONTHS 3	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME FRANK MAURER	
13b. MOTHER'S MAIDEN NAME LOUISE LAYER		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) YES WWI-7-7-14-1-15-19		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MRS. MATTIE CALEMAN, 5305 DELMAR		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Lobar Pneumonia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Injury of right femur Time Cause and manner of same could not be ascertained	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NOV Open Wound	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 8:10 AM 47'			
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 6:09 m., from the causes and on the date stated above.			
23a. SIGNATURE Walter Perry Deputy Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 8/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 31, 1950	
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 30 1950 J. B. Senter		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME 2301 LAFAETTE	

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

Wm

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James R Chapman*
Licensed Embalmer No. *4550*
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.