

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3095**
Registrar's No. **0140**

FILED FEB 8 1952

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 2-weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 459 Ferguson	
		d. STREET ADDRESS (If rural, give location) # 26 Lee Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Lee		b. (Middle) Maurer	
c. (Last) Maurer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1952	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH April 3, 1920
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 9 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Eminence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Ferguson		13b. MOTHER'S MAIDEN NAME Vada Smith	
14. NAME OF HUSBAND OR WIFE Jesse Maurer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493620-3027	
17. INFORMANT'S SIGNATURE OR NAME Mr. Jesse Maurer, # 26 Lee Ave., Ferguson, Mo.		ADDRESS	
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) Carcinoma in general ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Cervix 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from October 19, 1950, to 1-6-1952 , that I last saw the deceased alive on 1-5-52, 19 , and that death occurred at 1:20 P.M. , from the causes and on the date stated above.		22H. HOW DID INJURY OCCUR? 171X	
23a. SIGNATURE S. Mauler (Degree or title)		23b. ADDRESS 4500 Olive	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE READ BY LOCAL REG. JAN 7 1952		REGISTRAR'S SIGNATURE Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 140 Lindell Blvd.	

STATEMENT BY LICENSED EMBALMER

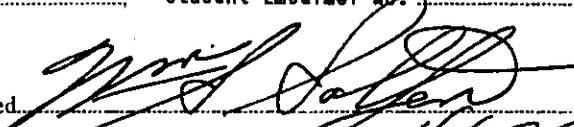
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.