

FILED DEC 13 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 39539

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>944</u>		Registrar's No. <u>2743</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St Louis</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>5 yr 2</u>		c. CITY OR TOWN <u>Kirkwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>435 W. Essex</u>				e. STREET ADDRESS (If rural, give location) <u>435 W. Essex Ave.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>WILLIAM</u>		b. (Middle) <u>T.</u>		c. (Last) <u>MAURER</u>		Nov. <u>27</u> -1954	
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>July 6, 1901</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		IF UNDER 48 Hrs. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer-meats</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Curensville, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Solomon Maurer</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Jeannette Maurer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jeannette Maurer 435 W. Essex</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>61</u>					
		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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-27</u> , 19 <u>54</u> to <u>11-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>54</u> , and that death occurred at <u>11 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Theo F. Riel</u> (Degree or title) <u>M.D. D.O.</u>				23b. ADDRESS <u>Maplewood, Mo. 7465 Hazel Ave.</u>		23c. DATE SIGNED <u>11-28-54</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REP. <u>11-28-54</u>		REGISTRAR'S SIGNATURE <u>Richard R. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard R. Lamb</u>		ADDRESS <u>Superior Bldg.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed *J. Allen Davis*.....  
Licensed Embalmer No. *408*

P. O. Address *Albany*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.