

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33949**

FILED OCT 25 1955

570

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

BIRTH NO.		REG. DIST. NO. <b>181</b>	PRIMARY REG. DIST. NO. <b>5675</b>	Registrar's No. <b>36</b>
1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>		
b. CITY OR TOWN <b>Rural - Hurricane</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Elsberry</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		e. STREET ADDRESS (If rural, give location) <b>2 miles east of Elsberry</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>CHARLES</b>	c. (Last) <b>MAUER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 18, 1955</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>FEB. 11, 1872</b>	9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired BAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Maximilian Mauer</b>		13b. MOTHER'S MAIDEN NAME <b>Kathryn Kupper</b>	14. NAME OF HUSBAND OR WIFE <b>Louise Kieselmann Mauer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EDNA RAMEY - WENTZVILLE, Mo.</b>		
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) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>332X</b>		INTERVAL BETWEEN ONSET AND 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)	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 <b>Oct 13, 1955</b> , to <b>Oct 18, 1955</b> , that I last saw the deceased alive on <b>Oct 13, 1955</b> , and that death occurred at <b>10:54 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Robert M. Kelly</b> (Dress or title)		23b. ADDRESS <b>Elsberry, Mo.</b>	23c. DATE SIGNED <b>Oct 19, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-20-55</b>	24c. NAME OF CEMETERY <b>VAL HALLA</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, Mo.</b>	
DATE REC'D BY LOCAL REG <b>Oct. 24/55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Charles Kinty</b>	45-70	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Vicks</b> ADDRESS <b>Elsberry, Mo.</b>	

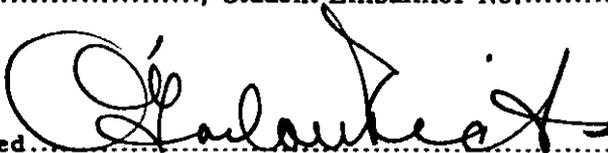
(Licensed Emballer's Statement on Reverse Side)

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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.....  


Licensed Embalmer No. 401

P. O. Address Elsberr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (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.