

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

FILED DEC 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36483**

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5430		Registrar's No. 545-	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY OR TOWN Rural-Central		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY OR TOWN St. Clair		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 3 Mi SE of St. Clair				STREET ADDRESS (If rural, give location) 3 mi SE of St. Clair 0360			
3. NAME OF DECEASED (Type or Print) Joseph		a. (First) Joseph		b. (Middle) O		c. (Last) Mauer	
4. DATE OF DEATH Nov. 21, 1955		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 3, 1904		9. AGE (in years last birthday) 51		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jos. G. Mauer		13b. MOTHER'S MAIDEN NAME Lena Gettiger		14. NAME OF HUSBAND OR WIFE Mary Olivia Mauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Joseph R. Mauer ADDRESS St. Clair, Mo.			
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) aneurysm of stomach & liver ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 151X				INTERVAL BETWEEN ONSET AND DEATH 3 Mo	
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 9-3 , 19 55 , to 11-21 , 19 55 , that I last saw the deceased alive on 11-20 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hm. Lenny (Degree or title) M.D.				23b. ADDRESS Union Mo		23c. DATE SIGNED 11-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23-55		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.	
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Aloyd Williams 511-0		25. FUNERAL DIRECTOR'S SIGNATURE Charles E. ... ADDRESS St. Clair, Mo			

APR 2 1947

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 *H. M. Ernst*

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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.