

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19694**

FILED MAY 21 1957
XC 1621 59 31

BIRTH MO. **CF. St. Louis, Mo.** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1215**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1387		STREET ADDRESS (If rural, give location) 1022 Veronica Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) J. c. (Last) MAURER			4. DATE OF DEATH (Month) (Day) (Year) 5 9 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/15/96	9. AGE (In years last b'd. day) 60	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Unempl.)		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Daniel J. Maurer	13b. MOTHER'S MAIDEN NAME Barbara Schaffer	14. NAME OF HUSBAND OR WIFE Ida V. Maurer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT	16. SOCIAL SECURITY NO. 489 34 6553	17. INFORMANT'S SIGNATURE OR NAME Ida Viola Maurer, 1022 Veronica St VA HOSPITAL RECORDS, JEFF. BKS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROSIS, CEREBRAL		INTERVAL BETWEEN ONSET AND DEATH 9 yrs.	
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERAL			9 yrs.
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS PARALYSIS AGITANS Conditions contributing to the death but not related to the disease or condition causing death.			3 mos. 9 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-22-53**, 19___, to **5-9-57**, 19___, ~~XXXXXX~~ and that death occurred at **2:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B.M. SCHIEK M. Schiek M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 5-9-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13-1957	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFF. BRKS., MO.
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DATE REC'D BY LOCAL REG. 5-10-57	REGISTRAR'S SIGNATURE Herbert N. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clement McNear*

Licensed Embalmer No. 373

P. O. Address *St. Louis*

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.