

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

3300
STATE FILE NUMBER
306

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) St. Anthony Hospital		d. STREET ADDRESS 4560 Ridgewood	
3. NAME OF DECEASED (Type or print) EMIL J. MAURER		4. DATE OF DEATH Jan. 9 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed-Ridgewood Food Shop		10b. KIND OF BUSINESS OR INDUSTRY Food Shop	11. BIRTHPLACE (City and state or country) Waterloo, Ill.
13a. FATHER'S NAME John Maurer		13b. MOTHER'S MAIDEN NAME Katherine Rothmeier	14. NAME OF HUSBAND OR WIFE Elizabeth T. Maurer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Clarence Maurer 5019 Murdoch Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accident DUE TO (b) Arterio Sclerosis DUE TO (c) Ch. Cordis non levis			INTERVAL BETWEEN ONSET AND DEATH 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition stated in PART I (a)) Ch. Hypertens			19. WAS AUTOPSY PERFORMED? Yes
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 260x	
20c. TIME OF INJURY 12-28-55 Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Waterloo, Ill.	
21. I attended the deceased from 12-28-55 to 1-9-58 Death occurred at 8:20 A. on the date stated above; and to the best of my knowledge, from the causes stated.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>	
22a. SIGNATURE (Degree or title) D. C. Kriegshauser		22b. ADDRESS 45235 Kings Highway	
22c. DATE SIGNED 1-9-58		23d. LOCATION (City, town, or county) (State) Waterloo, Ill.	
23b. DATE Jan. 11, 1958		23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kings Highway		25. DATE RECD. BY LOCAL REG. JAN 10 '58	
26. REGISTRAR'S SIGNATURE Carl Smith			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corr. by Aff. B.S. 6/5/1958

Doctor, coroner, etc. must use only standard nomenclature in death certificate. All diseases in Part I must be causally related.

m 95

4220

STATEMENT BY LICENSED EMBALMER

1134 Yd
1111
N.E. APR 12/2
CORN

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 *Richard W. Stevens*

Licensed Embalmer No. 4007

P. O. Address

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.