

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

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UNDECEASED

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

STANDARD CERTIFICATE OF DEATH =60-021272

FILED VS JUN 8 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4843**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN Lemay, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 20 W. Kearney	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jane Middle Ann Last Maurer			4. DATE OF DEATH Month 5 Day 6 Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/25/60	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months 12 Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Harold Maurer		13b. MOTHER'S MAIDEN NAME Mary Ellen Seise	
14. NAME OF HUSBAND OR WIFE		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. none	
17. INFORMANT Harold Maurer, 20 W. Kearney		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1 day
IMMEDIATE CAUSE (a) Meningitis, acute, prob. E. coli			
DUE TO (b) Septicemia, prob. E. coli			
DUE TO (c) Dysphagia, acute.			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) 767.0	
20c. TIME OF INJURY Hour 5-10 Month, Day, Year 5-1-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE Mo.	

21. I attended the deceased from **5-5-60** to **5-6-60** and last saw her alive on **5-6-60**
Death occurred at **8:00 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Laboratory Director		22b. ADDRESS 9901 Shermans Rd (23)		22c. DATE SIGNED 5-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5/9/60		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. DATE RECD. BY LOCAL REG. MAY 9 1960		23f. REGISTRAR'S SIGNATURE Loal Smith, M.D.	

24. FUNERAL DIRECTOR
John L. Ziegenhein & Sons, 7027 Gravois

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 was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Not embalmed
J. A. Sparks

Licensed Embalmer No. _____

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.