MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027109

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6535

FILED JUL 25 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			4 9

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis, Missouri — Length of stay in 1b 4 days

c. CITY OR TOWN Saint Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.John's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3472 Macklind Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First A/K/A Nellie Middle A/K/A Nel Mary Maurath Last Maurath
Nellie P Maurath

4. DATE OF DEATH Month July Day 13 Year 1961

5. SEX F

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-12-1914

9. AGE (last birthday) 46 — IF UNDER 1 YEAR Months 8 Days 1 — IF UNDER 24 HR Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor-lady (Longerie Mfg.)

10b. KIND OF BUSINESS OR INDUSTRY Maurgulis Brothers Mfg. Co.

11. BIRTHPLACE (City and state or country) East St.Louis, Ill.,

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jack Barges

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Elmer Maurath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Elmer Maurath — Address St.Louis 9, Mo. 3472 Macklind Ave.,

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
IMMEDIATE CAUSE (a)	Cardiac failure	1 day
DUE TO (b)	Malnutrition	3 mo.
DUE TO (c)	Cancer of ovary, generalized	6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1960, to 7-13-61 and last saw her/him alive on 7-13-61
Death occurred at 6:50 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cyril Costello, M.D.

22b. ADDRESS 100 N. Euclid St.Louis 8, Mo.

22c. DATE SIGNED 7-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 15, 1961

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St., St.Louis 9, Mo.

25. DATE RECD. BY LOCAL REG. JUL 14 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

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 Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.