MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032694

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8085

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	22
3	
4	1
5	1
6	
7	0
8	2
9	
10	
11	
12	90-0
13	
	90

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 77
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3819 N. 22nd ST. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3819 N. 22nd ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA — Middle — Last MAUS

4. DATE OF DEATH: Month 8 Day 19 Year 62

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-19-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ULRICH ARNOLD
13b. MOTHER'S MAIDEN NAME: AMELIA LEHMAN
14. NAME OF HUSBAND OR WIFE: ALBERT C. MAUS

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.: NONE
17. INFORMANT: ALBERT C. MAUS — Address: 3819 N. 22nd ST.

MEDICAL CERTIFICATION

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)	Malnutrition	2 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Abdominal Carcinomatosis	2 years
DUE TO (c)	Diabetes Mellitus	12 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 199.1

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 Feb 12, 1960, to Aug 19, 1962 and last saw her alive on Aug 18, 1962
Death occurred at 6 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. E. Trifler MD
22b. ADDRESS: 4222 N. Grand
22c. DATE SIGNED: 8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-21-1962
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR: SUEDMEYER & SONS — ADDRESS: 3934 N. 20TH ST.
25. DATE RECD. BY LOCAL REG.: AUG 20 1962
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.