

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2932

**1. PLACE OF DEATH**

County..... Registration District No. 1000  
 Township..... Primary Registration District No.....  
 City St. Louis (No. 7228 S. Broadway)..... St. .... Ward)

File No.....  
 Registered No. 380.....

**2. FULL NAME**

Andrew Maurin  
 (a) Residence, No. 7228 S. Broadway St. 1 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Maurin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 6 - 1867</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	If LESS than 1 day, .....hr. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Restaurant</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... <u>Owner</u> (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Manda Hunt</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT M<sup>rs</sup> Maurin  
 (Address) 7228 S. Broadway

15. JAN 13 1930 FILED 1930  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 - 1930  
 17. No Physician or Attendant  
 HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
164A Asphyxiation, due to fuel gas poisoning

CONTRIBUTORY (SECONDARY) Suicide  
 (duration) ..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) J. W. Kerner M.D.  
1/13 1930 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Trinity Lutheran DATE OF BURIAL 1-14 1930

20. UNDERTAKER Southern ADDRESS 6320 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-246

WHITE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

Calvin