

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

Do not use this space.

2221

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Louis Primary Registration District No. 6030
 City St. Louis (No. St. Louis Training School) St. _____ Ward _____

2. FULL NAME Clifford Mauer
 (a) Residence. No. St. Louis Training School (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>25</u>	<u>2</u>	<u>13</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. none
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Charles Mauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Records of St. Louis Training School
 (Address)

15. FILED Jan 6th, 1932 Emma J. Harris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 1932

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to Jan. 4, 1932 that I last saw him alive on Jan. 4, 1932, and that death occurred, on the date stated above, at 12:25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Nervous System
Syphilis -
 (duration) 6 yrs. 6 mos. ds.
 CONTRIBUTORY Hypostatic Pneumonia
 (SECONDARY) (duration) 3 weeks yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory
 (Signed) L. A. Muesh, M. D.
Jan. 4, 1932 (Address) St. Louis Training School

*State the DISEASE CAUSING DEATH, or in 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 Calvary Cemetery DATE OF BURIAL 1/7 1932

20. UNDERTAKER Shacker & Feldhake ADDRESS 2331 So. Broadway

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 very important.

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1832

1961