

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20576**  
Registrar's No. **5524**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 DAYS  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sabina A. Maurer **660**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-145-9238

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank X. Maurer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 17 hr. min. 0

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Forelady

11. Industry or business American Thermometer Co

MOTHER FATHER { 12. Name David A. Layer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Cloth

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Maurer

(b) Address 1814 S. Jefferson Ave

17. (a) Burial (b) Date thereof June 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 29 1940 (b) J. J. Budde  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") **19**  
(d) Street No. 325 N. Newstead Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day June  
year 1940 hour 5:45 minute AM M.

21. I hereby certify that I attended the deceased from 1-5-40  
1940 to 6-27 1940

that I last saw her alive on 6-26-40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Liver Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Ca of Liver PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (M. D. of other)

23. Signature J. J. Budde (M. D. of other) \_\_\_\_\_

Address 2767 Park Date signed 6-27-40

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JUL 17 1940

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul J. Quinn

Licensed Embalmer No. 7245

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 this body is not embalmed, above space should be left blank.**