. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27319

SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7215

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: En Route City Hospital 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") 9

(d) Street No. 1411 Gano Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMMA AUGUSTA MAUZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife WM. F. MAUZ

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 28, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	28	hr. min.

9. Birthplace E. St. Louis, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name GEO. FLUEGEL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Milton Mauz

(b) Address 4533a San Franciscom Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director W. A. Stoik

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 27 1940 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26 year 1940 hour 445 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull and Haemorrhage of Brain Fractures of Spine

Due to

Due to Suffered when struck by Dodge Coupe driven by Geo. Schreiber near Grand Prairie and Broadway about 445 P.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation

Of autopsy Aug 26-1940 Accident

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 8/26/40

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucius (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

1940

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 Frank A. Moore

Licensed Embalmer No. 2117 E Gra

P. O. Address 3041

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.