

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

Do not use this space.

2976

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 1443 McCauley)

File No. ....

Registered No. **564**

St. .... Ward

**2. FULL NAME**

(a) Residence. Julia Mayer 1443 McCauley 4 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**

**6 MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

10

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Jos. Mayer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bohemia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Duchek

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bohemia

(STATE OR COUNTRY)

14. INFORMANT

Elizabeth B. Thomson

(Address) 1443 McCauley

15. **JAN 16 1928**

FILED 19 Mar 6 St. Louis

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 to Jan 15, 1928 (that I last saw her alive on Jan 15, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

50 Carcinoma of breast  
53 yr arm  
92A 4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralysis due to  
Cerebral hemorrhage, Hemiplegia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 1926

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscope

(Signed) J. M. B. ...

Jan 16, 1928 (Address) 3300 Cambridge

\*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

DATE OF BURIAL

New Pickery

Jan 17 1928

20. UNDERTAKER

Alexander & Sons 6175 Delmar

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.

3500 Cambridge, Mass. 1899