

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. City of Jefferson)

File No. 26971  
Registered No. 8173  
St. .... Ward)

**2. FULL NAME**

John Mayer  
(a) Residence No. 3800 Cardinal St., 13 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 8 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

**PARENTS**  
10. NAME OF FATHER Christopher Mayer  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mrs. [unclear]  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY)

14. INFORMANT M. E. Hinger  
(Address) 5800 [unclear] St.

15. FILED JUL 25 1931  
REGISTRAR [unclear]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 4 1924, to July 19 1931, that I last saw h. l. a. l. v. e on July 1, 1931, and that death occurred, on the date stated above, at 4:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. myocarditis  
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tertiary Syphilis  
(duration) 7 yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Maxwell A. Decker, M. D.  
July 19, 1931 (Address) City Hospital #1

\*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 E. St. Louis Ill. DATE OF BURIAL 7/26 1931

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Laeide ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

