

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

Do not use this space.

✓ 14559

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Mo Baptist Sanitarium St. Ward)

2. FULL NAME

(a) Residence, No. Margaret Mayer St. 18 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7th 1882</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>7</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Supervisor 61</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Liget-Myers Co</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Isla</u>		
FATHER	13. NAME <u>Frank Mayer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Mary Crowley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT <u>Mrs G. Johnson</u> (ADDRESS) <u>4110 Sassy Ln</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Park</u> DATE <u>April 23rd 1932</u>		
19. UNDERTAKER <u>Arthur J. Donnelly & Co.</u> (ADDRESS) <u>2049 B'way St</u>		
20. FILED <u>PR 22 1932</u> <u>Wm O. Sturdivant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to April 20, 1932
 last saw her alive on 4-20, 1932 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 131 9:30
131
9:30
131
 Other contributory causes of importance:
Chronic Intestinal Nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify Matthew R. Cyster M. D.
 (Signed) Matthew R. Cyster
 (Address) 1010 Paul Brown Bldg

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.

Dr. Kessler

Paul Brown Reg

67.8427