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.

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

Do not use this space.

1. PLACE OF DEATH
48 County JACKSON — Registration District No. 389 — File No. 1397
10 Township KAW — Primary Registration District No. 3008 — Registered No. 126
9 City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME HELENA MAYER
(a) Residence, No. 2424 CLEVELAND St., 111 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GEORGE J. MAYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-24-1865

7. AGE: YEARS 67 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) MILWAUKEE (STATE OR COUNTRY) WISCONSIN

FATHER
13. NAME JACOB FREYTAG
10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME MARIE HARTUNG
10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MISS GRETCHEN MAYER (ADDRESS) 2424 CLEVELAND AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JANUARY-11, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Jan 9 1933 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 8, 1933
I last saw her alive on Jan 8, 1933. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Congestive Heart	93C	Jan 7
Failure	93D	1933
Myocarditis Chronic	97	

Other contributory causes of importance:
Arteriosclerosis

93C

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Edw. H. Thiessen M. D.
(Address) 810 Realty Bldg.

810 Rialto Bldg
12-5