

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

Do not use this space.

**27930**

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1002  
 City St. Louis (No. St. Anne's Asylum) ..... Ward

File No. ....  
 Registered No. 6981

**2. FULL NAME**

Jacquelin Marie Mayer  
 (a) Residence No. St. Anne's Asylum Bldg. 6  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1933  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 2  
 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. None  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER 15. MAIDEN NAME Ellen Mayer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Sister Raymond 5301 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Aug 12 1933

19. UNDERTAKER (ADDRESS) G. Hatcher 5301 Page Ave.

20. FILED AUG 12 1933 J. F. Budeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11- 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 11- 1933 to Aug. 11- 1933  
 I last saw her alive on Aug. 11- 1933. Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Bronch  
Broncho Pneumonia  
107A  
 Other contributory causes of importance: 107A  
 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? .....  
 If so, specify .....  
 (Signed) Julius Brody, M. D.  
 (Address) 1427 Union 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.

SEP 20 1933

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