

**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 (No. 6332, Marquette St. Ward)

File No. **6396**
 Registered No. **1200**
 St. Ward)

2. FULL NAME

(a) Residence, No. 6332, Marquette St. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Mayer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19/1878</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
	DAYS <u>10</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>Insuranc Man</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired (8 yrs)</u>
	10. Date deceased last worked at this occupation (month and year) <u>St. Louis Mo</u>
	11. Total time (years) spent in this occupation

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

13. NAME Joseph Mayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Austria

17. INFORMANT (ADDRESS)
Wm Mayer 6448 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Francis Marquis Date Sep 3 34

19. UNDERTAKER (ADDRESS)
Wacker Helderle 2231 Broadway

20. FILED SEP - 2 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934 to Feb 1 1934
 I last saw him alive on Feb 1 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Uremic poisoning
13 1/2 B
13 1/2 B
 Other contributory causes of importance:
Smoking 31

Date of onset
1/24/34

Name of operation none Date of.....
 What test confirmed diagnosis? Chrom of Was there an autopsy? No

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.....
 (Signed) W B Cassel, M. D.
 (Address) 323 1/2 Broadway

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. MAR 24 1934

