

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City W. Center Grove No. \_\_\_\_\_

Registration District No. 788  
Primary Registration District No. 4271

File No. 21728  
Registered No. 65  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Oliver Mayer  
(a) Residence, No. 269 - E. Kirkham Ave. Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 yrs. - 1 mos. - 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE caid 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 - 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Church Hill, Miss

13. NAME Julius Gayler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Church Hill, Miss

15. MAIDEN NAME Mammie Griffins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Church Hill, Miss

17. INFORMANT Mammie Gayler

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Plot July 1, 1931

19. UNDERTAKER (ADDRESS) J. E. Keen

20. FILED 6-28, 1931 Julius R. York Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-31, 19

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1933, to June 24, 1934

I last saw her alive on June 24, 1934 Death is said to have occurred on the date stated above, at 6:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
Date of onset \_\_\_\_\_

Other contributory causes of importance: not known

Name of operation Resection of Stomach Date of March 1934  
What test confirmed diagnosis biopsy Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Charles Morich M. D.  
(Address) 435 Metropolitan 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.

