

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.

10761

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City **St. Louis** (No. **1905 Osborn Ave**) St. _____ Ward _____

File No.....
Registered No. **2381**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **1905 Osborn Ave** St. **9** Ward. (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the Late Bernard Mayer		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27th 1880		
7. AGE	YEARS 55	MONTHS 10
	DAYS 10	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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) St Charles Missouri		
FATHER	13. NAME Edward Simon	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Theresa Hellmeyer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Mr Bernard Mayer (ADDRESS) 1905 Osborn Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Cemetery DATE March 13 35		
19. UNDERTAKER Strass - Carroll Undep (ADDRESS) 4600 Natural Bridge		
20. FILED APR 12 1935 J. B. Beck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 6th 1935**, to **Mar 9 1935**
I last saw h. **alive on Mar 8 1935** Death is said to have occurred on the date stated above, at **5 A.** m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia 4 days
Other contributory causes of importance:
Bronchitis ch. (no tubercle B. in sputum)
Name of operation **none** Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) **Albert J. Motzel**, M. D.
(Address) **2745 No General Pl.**

