

APR 11 1936

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.....

Township.....

Primary Registration District No.....

City *St. Louis*(No. *7073*)*Marquette*

791

12749

File No.....

Registered No.....

2798

St. Ward)

2. FULL NAME

Evelyn E. Mayer

(a) Residence, No.

*7073 Marquette Pl. St.**3*

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Jack J. Mayer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 12, 1900

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*35**7**29*

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

Granite City Ill.

MOTHER FATHER

13. NAME

Bing Engelbrow

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

Mo

15. MAIDEN NAME

unknown

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

17. INFORMANT

(ADDRESS)

*Jack J. Mayer
7073 Marquette*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sunset Burial Pl.

DATE

19. 19. 6.

19. UNDERTAKER

(ADDRESS)

*J. L. Ziegenhain & Sons
7073 Marquette*

20. FILED

MAR 13 1936

J. H. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 19

19. 35

to *March 11*

19. 36

I last saw her alive on *March 11*, 19. 36. Death is saidto have occurred on the date stated above, at *6:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Bronchym. Nephritis

Date of onset

Other contributory causes of importance:

Myocarditis Chronic

Name of operation.....

x

Date of.....

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *x* Date of injury..... 19. *x*Where did injury occur? *x* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *x*Manner of injury..... *x*Nature of injury..... *x*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed).....

Henry J. Brooks, M. D.

(Address).....

2656 P. Street

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.

