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.

JUN 5 1936

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

Do not use this space.

20870

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 5061

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Barnes Hosp. St. ..... Ward)

2. FULL NAME Emma Mayer

(a) Residence, No. 3121 Converse E. St. Louis N.R. Ward. East St. Louis, Ill. —
(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 female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 1872

7. AGE YEARS 63 MONTHS 4 DAYS 18 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) France

FATHER

13. NAME Anthony Burrus

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

MOTHER

15. MAIDEN NAME Celina Gisselbrecht

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

17. INFORMANT (ADDRESS) Charles Mayer 3121 Converse St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Peter & Paul DATE 5-11 1936

19. UNDERTAKER (ADDRESS) Witt Bro. L & Co. 2929 S. Jefferson Av.

MAY 10 1936

20. FILED ..... 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 8, 1936

I last saw her alive on May 8, 1936. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Carcinoma of uterus extensive

48

Date of onset

Other contributory causes of importance:

Uremia with complete anuria.

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) R. J. Wossen, M. D.

(Address) Barnes Hospital