

N. B.—Every item of information 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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 489

Township Central

Primary Registration District No. 6033

City

(No. EDGEWOOD NURSING HOME)

St.

Ward

4201 Edgewood Ave - Pine Lawn

2. FULL NAME

JULIA MAYER

(a) Residence, No.

Barfield Ave. Box #16, St.

Ward.

N. ROAD. MO.

(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)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

GUS. F. MAYER.

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

FEB. 8. 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

30

69

7

1

OCCUPATION

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

HOUSEWOMAN

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)

GERMANY

FATHER

13. NAME

JOSEPH HELDE

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

GERMANY

MOTHER

15. MAIDEN NAME

MAGDALENA BRUNER

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

GERMANY

17. INFORMANT
(ADDRESS)

Mr. Gus M. Mayer
N. Road. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

S. S. Peter & Paul

DATE

Sept. 11, 1937

19. UNDERTAKER
(ADDRESS)

Wm. M. Belmischer
4104 Natural Bridge
St. Louis, Mo.

20. FILED

9-10
19-37

St. Louis, Mo.
Ed. Becher
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20

1937, to

Sept 9, 1937

I last saw him alive on

9-9-37

1937. Death is said

to have occurred on the date stated above, at 7:50 A.M.

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

Cerebral Lemonhage

Date of onset

6 wks

Other contributory causes of importance:

Nephritis
Myocarditis
Arterio Sclerosis

Chol 15 yrs

Name of operation

None

Date of

What test confirmed diagnosis?

phys.

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

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

None

(Signed)

Dr. H. K. Kunkel (M.D.)

(Address)

370 Bernarda

