

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35625

Do not use this space.

1. PLACE OF DEATH

(a) County

Registration District No. **791**

(b) Township

Primary Registration District No. **1003**Registered No. **9202**(c) City **St. Louis**(d) Street No. **Central Hosp**

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

Charles Mayhew**5250 Delmar**

(a) Residence, No.

St. **12**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Helen Karr Mayhew**

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

Feb. 18 1892

7. AGE

YEARS

45

MONTHS

7

DAYS

12

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

Chauffeur

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

Service car

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Memphis

(STATE OR COUNTRY)

Tenn.

FATHER

13. NAME

Abraham Rosenberg

14. BIRTHPLACE (CITY OR TOWN)

U.S.S.R.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Lena (unk)

16. BIRTHPLACE (CITY OR TOWN)

U.S.S.R.

(STATE OR COUNTRY)

17. INFORMANT

Mrs. Helen Mayhew

(ADDRESS)

5250 Delmar

18. BURIAL, CREMATION, OR REMOVAL

Hevre Kedisha

PLACE

10-1-37

DATE

19. FUNERAL DIRECTOR

H.B. Berger L. & U. Co.

(ADDRESS)

4715 McPherson

20. FILED

OCT 1 1937**J. Biedeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept, 30 '37

22. I HEREBY CERTIFY, That I attended deceased from

Sept 27th

, 1937, to

Sept 30

, 1937

I last saw him alive on

Sept 30

, 1937

Death is said

to have occurred on the date stated above, at

3:30 P. m.

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

Date of onset

acute Pericarditis**acute anemia****acute Bronchitis****Pulmonary edema****61C****2 days**

Other contributory causes of importance:

Malnutrition**Prostatic tumor with obstruction****Refraction in eye****1 week**

Name of operation

Cystostomy

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

(Signed) **Samuel Almer Mendon**, M. D.(Address) **634 No. Grand Bond**

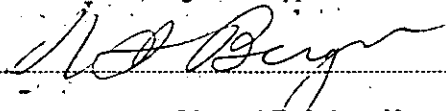
(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, **Herbert I. Berger**, Licensed Embalmer No. **1597**,
me
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. **1597**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)