

DEC 20 MAY 10 1938

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

13119
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 3723
(c) City St. Louis (d) Street No. Little Flower Retreat House St.
(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 Elizabeth Mayer 600

(a) Residence, No. 2500 So. 18th St. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 --
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Freeburg, Ills.
13. NAME Frank Mayer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Elizabeth Gross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.
17. INFORMANT Jos. F. Schneider
(ADDRESS) 5410 Alaska Ave.
18. BURIAL, CREMATION, OR REMOVAL

SS. Peter & Paul Cem. DATE Apr. 23, 1938.

19. FUNERAL DIRECTOR J. N. Hadden & Co.
(ADDRESS) 2842 Meramec St.

20. FILE APR 21 1938 J. F. Bredenk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19th, 1938, to April 20th, 1938
I last saw her alive on April 20th, 1938. Death is said to have occurred on the date stated above, at 6:00 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decomposition Date of onset 4/19/38

Other contributory causes of importance:
Chronic Myocardial Disease
Mitral Stenosis

Name of operation..... 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? NO
If so, specify Paul B. Webb M. D.
(Signed) Paul B. Webb
(Address) 3467 Moorpark Rd.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Herman A. Gebken
Licensed Embalmer No. 2120

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.)