

REC'D MAR 13 1939

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

5160  
Do not use this space.

1853

## 1. PLACE OF DEATH

- (a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City St. Louis (d) Street No. 1908 Lafflin 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 260 Mayger - Albert Ernest

- (a) Residence, No. 1908 Lafflin St. 11 (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 male 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 Lillie E. Mayger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 6 6

- OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Supervisor  
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)
- St. Louis County

13. NAME
- Alfred Ernest Mayger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- St. Louis Mo.

15. MAIDEN NAME
- Elizabeth Bayless

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

17. INFORMANT
- x Mrs. Albert Mayger
- 
- (ADDRESS)
- 1908 Lafflin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE
- Valhalla
- DATE
- 2/27
- 1939

19. FUNERAL DIRECTOR (NAME)
- Death Center Mo.
- 
- (ADDRESS)
- 4024 Lunder St

20. FILED
- J. B. Rudock
- 
- Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12<sup>th</sup> 1939, to Feb 24, 1939  
I last saw him alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 6:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Other contributory causes of importance:

Chronic Interstitial nephritisName of operation \_\_\_\_\_ 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 \_\_\_\_\_, 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 no(Signed) A. W. Thomson M. D.(Address) 3121 N Grand St.

FEB 27 1939

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis*

**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.)**

**If this body is not embalmed, above space should be left blank.**