

1939 AUG 9 1939

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

25425  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson City Primary Registration District No. 3014 Registered No. 173  
(c) City Jefferson City (d) Street No. Saint Mary's Hospital 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

1900 Mrs. Daisy Mayer  
(a) Residence, No. 416 E. Capitol Ave. St.  (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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry A. Mayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
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) Sedalia, Mo.

FATHER 13. NAME Robert Shy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton, Mo.

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Harry A. Mayer  
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE July 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs  
Jefferson City, Mo.

20. FILED 7/22/1939 D. W. Bradford, M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to July 21, 1939  
I last saw him alive on July 21, 1939. Death is said to have occurred on the date stated above, at 7:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute renal ulcer Date of onset  
Pyloric Stenosis

Other contributory causes of importance: 1176  
Cardio-renal disease

Name of operation Gastro-enterostomy Date of 7-18-39  
What test confirmed diagnosis? 760 Was there an autopsy? 760

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 760 Date of injury 7-18-39  
Where did injury occur? 760 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 760  
Nature of injury 760

24. Was disease or injury in any way related to occupation of deceased? 760  
If so, specify 760  
(Signed) William A. Osmond M. D.  
(Address) Jefferson City, Mo.

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.....

John F. Heinrichs

Registered Apprentice No. ....

working under my personal supervision.

Signed

*John F. Heinrichs*

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

**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.**