

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.

JAN 12 1940

42074

State File No.

11197

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003
 (a) County 3
 (b) City or town St. Louis
 (c) Name of hospital or institution: Carroll Memorial Hospital
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 3700 S. Main St.
 (e) If foreign born, how long in U.S. 25 yrs Approx.

3. (a) PRINT FULL NAME Katherine Mayer
 (b) If veteran, name war no (c) Social Security No. no

20. DATE OF DEATH: Month 12 day 27
 year 1939 hour 11 minute 1 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph Mayer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 25, 1856

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: Gonorrhea, Syphilis, Arterio Sclerosis

9. Birthplace Hungary
 10. Usual occupation housework

Due to _____
 Due to _____
 Other conditions _____
 Major findings: Of operations 946
 Of autopsy _____

MOTHER FATHER {
 12. Name unknown Farkas
 13. Birthplace Hungary
 14. Maiden name unknown
 15. Birthplace Hungary

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Joseph Mayer
 (b) Address 3511 E. 2nd St.
 17. (a) Burial (b) Date thereof Dec. 30/39
 (c) Place: burial or cremation S.S. Peter and Paul Ch.
 18. (a) Signature of funeral director Weick Bros Und. Co.
 (b) Address 2201 S. Grand Bl.
 19. (a) DEC 29 1939 (b) J.D. Brueck

While at work _____ (Specify type of place)
 (e) Means of injury 4
 23. Signature Joseph M. Brueck (M.D. or other)
 Address Deputy Coroner Date signed _____

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

Sam Stewart

Licensed Embalmer No. *3722*

P. O. Address *412 Duchonguett*

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.