

Registration District No.

7918

Primary Registration District No.

1003

Registrar's No.

1031

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5370 Pershing Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 64 years

8. (a) PRINT FULL NAME Mollie Hartmann Mayer8. (b) If veteran,  
name war \_\_\_\_\_8. (c) Social Security  
No. none4. Sex female  
5. Color or  
race white6. (a) Single, widowed, married,  
divorced married6. (b) Name of husband or wife  
Henry Mayer6. (c) Age of husband or wife if  
alive 65 years7. Birth date of deceased Aug  
(Month)28  
(Day)1875  
(Year)8. AGE: Years Months Days If less than one day  
64 5 2 hr. 0 min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ignetz13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature [Signature](b) Address 5370 Pershing Ave17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof 2/1/40  
(Month) (Day) (Year)(c) Place: burial or cremation Mt. Sinai18. (a) Signature of funeral director [Signature](b) Address 4356 Lindell Blvd19. (a) Feb 1 1940  
(Date received local registration)[Signature]  
(Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 12  
 (d) Street No. 5370 Pershing Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30<sup>th</sup>  
year 1940 hour Five minute 15 P. M.21. I hereby certify that I attended the deceased from Dec. 15  
\_\_\_\_\_, 1940, to Jan. 30, 1940;  
that I last saw her alive on January 30, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of the gall  
bladder & liver  
 Due to probable primary  
site gall bladder  
 Due to \_\_\_\_\_

Duration

2 mo.Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Herman M. Meyer (M. D. or other)  
Address 568 N. Grand Date signed 2/30/40

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**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.....

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**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.**