

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Turner Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community years, months or days) 5 mo

3. (a) PRINT FULL NAME Vera Mayhew

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 1 21 hr. min.

9. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business 9

12. Name Robert Flader

13. Birthplace Dont know
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cook

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elenore Gray

(b) Address 539 Clara Ave.

17. (a) Burial (b) Date thereof 5-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAY 15 1940 (b) J.F. Budisch
(Date received local registrar) (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") 5
(d) Street No. 539 Clara Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-3, 1940, to 5-13, 1940

that I last saw her alive on 5-13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Chronic Glomerular nephritis

Due to 131

Other conditions Lung Abscess
(Include pregnancy within 3 months of death)
cause unknown

Major findings: Of operations None

Of autopsy Chronic glomerular nephritis
Lung abscess

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E.E. Herson (M. D. or other)
Address Turner Wesley Hospital Date signed 5-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. S.W.

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.