S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 518

518

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

20
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5119 Vernon Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 175
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5119 Vernon Ave.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rose W. Ayers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lawrence T. Ayers

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

7. Birth date of deceased Sept. (Month) 29 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
89	3	17	hr. min.

9. Birthplace Baden Baden (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Meyers
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mrs. Rose Henderson
(b) Address 5119 Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 17 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 13th, 1941, to Jan 16th, 1941; that I last saw her alive on Jan 16th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia	Duration 2 days
Due to Influenza	5 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Joseph M. Tracy (M. D. or other)
Address 618 Metropolitan Bldg. Date signed 1-17-41

(Licensed Embalmer's Statement on Reverse Side)

4903 Northland Ave. 4141
Metropolitan Bldg. 90.9570

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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.