

No. 2
1-10-39
17-39
X21492

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

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

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:
2817a Eads Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 62 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Maria Mayer

8. (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 Henry Mayer

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

7. Birth date of deceased December 19, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Nieder Moos, Hessen, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

12. Name Heinrich Schad

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

14. Maiden name Caroline
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Walter G. Schuster

(b) Address 2817a Eads

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof July 14, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 13 1941
(Date received local registrar)

(b) J. T. Brudwick
(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")

(d) Street No. 2817a Eads Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 62 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 8
July 8, 1941, to July 11, 1941
that I last saw her alive on July 11th, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
for several years.

Due to age

Due to _____

Other conditions Mental Deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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 Norm. R. Nye (M. D. or other) Q

Address 2931 Srawns/par Date signed 7/12/41

000
17
9
23
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

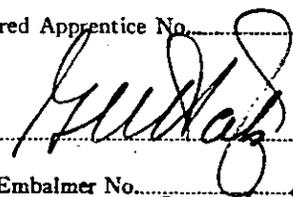
Wm. R. Nye
2931
2-4

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.....



Licensed Embalmer No. 3737

P. O. Address 1926 N. Louis

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.