

S. No. 2
 4-1-4-41
 7-5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 42986

FILED JAN 20 1942

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 59

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
208 W. Arlee
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Lemay
(If outside city or town limits, write "RURAL")
 (d) Street No. 208 W. Arlee
(If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Hungary

3. (a) PRINT FULL NAME John Mayer
 3. (b) If veteran, name war _____
 3. (c) Social Security No. Natural

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 7
 year 1942 hour 6 am minute _____ M.
 21. I hereby certify that I attended the deceased from Dec 15
 1941 to Jan 7 1942
 that I last saw him alive on 1-7 1942
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept 24 1878
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
63 3 14 hr. _____ min. _____

Other conditions: Pneumonia
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Hungary
(City, town, or county) (State or foreign country)
 10. Usual occupation molder

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?
(Specify type of place)
 While at work? _____ Means of injury _____

MOTHER FATHER
 11. Industry or business Western Saah Wt.
 12. Name Michale Mayer
 13. Birthplace Hungary
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Wilhelmia
 15. Birthplace Hungary
(City, town, or county) (State or foreign country)
 16. (a) Informant Anna Mayer
 (b) Address 208 W. Arlee
 17. (a) burial (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Peter & Paul
 18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan
 19. (a) JAN 10 1942 (b) C. H. Mc
(Date received local registrar) (Registrar's signature)

23. Signature Charles Ebers (M. D. or other) D. D.
 Address 1607 S. Boway Date signed 1-9-42

(Licensed Embalmer's Statement on Reverse Side)

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

6
0
0

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.....
Wm. E. Smith

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo.*

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.