

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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:
CITY HOSPITAL #10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 DAYS
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. FATHER DEMPSEY'S HOME
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

OTTO MAYER SR

3. (b) If veteran?

name war NONE

3. (c) Social Security

No. NONE

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife MILTILDA
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH 28 1861
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation SPOTTER

11. Industry or business CLEANING & DYEING CO

12. Name OTTO MAYER

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

14. Maiden name UNKNOWN

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

16. (a) Informant Otto Mayer

(b) Address 4108 2nd Grafton

17. (a) BURIAL (b) Date thereof Oct 3 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Cuthbert N. Kelly

(b) Address 1416 N. Taylor

19. (a) Oct 3 1942 (b) J. F. Braedek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
 year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Arterio Sclerosis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Walter G. King (M. D. or other) _____
 Address Regent Rooms Date signed 10/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FR 2421

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 Clement McNear
Licensed Embalmer No. 3932
P. O. Address St. 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, fact should be so stated above.