

FILED SEP 20 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7924

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.
(c) City or town St. Louis 17121
(If outside city or town limits, write "RURAL")
(d) Street No. 4942 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME G. Fred Mayer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ophelia Mayer 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 71 -- -- hr. min.

9. Birthplace Natchez | Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Rice Stix Dry Goods Co.

MOTHER FATHER
12. Name Simon Mayer
13. Birthplace New Orleans | La.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Ross
15. Birthplace Natchez | Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ophelia Mayer
(b) Address 4942 West Pine Blvd.

17. (a) Cremation (b) Date thereof 9-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) SEP 15 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1944 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Sept. 14 to Sept. 14, 1944,
that I last saw him alive on Sept. 14, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of slow ach Duration _____

Due to _____
Due to _____

Other conditions Chronic Sclerosis
(Include pregnancy within 3 months of death)
Myocarditis

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 Harry Sandberg (M. D. or other) _____
Address 6044 [unclear] Date signed 9-15-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *H. Burgess*

Licensed Embalmer No. *4029*

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.