

FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**Primary Registration District No. **100**Registrar's No. **11664**

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:
1939 Cherokee St
 (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)

3. (a) PRINT FULL NAME **Protas Mayer**

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

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (c) Age of husband or wife if alive **81** years
 7. Birth date of deceased **June 13 1861**
 (Month) (Day) (Year)

8. AGE: Years Months Days **76** If less than one day
84 **6** **15** hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired**

11. Industry or business

12. Name **Protas 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 **Rosina Mayer**
 (b) Address **1939 Cherokee St**
 17. (a) **Burial** (b) Date thereof **12-31 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **J. F. Bureck**
 (b) Address **6409 Gravois Ave.**
 19. (a) **JAN 2 1946** (b) **J. F. Bureck**
 (Date received local registrar) (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. **1939 Cherokee St**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **29th** day **December**
 year **1945** hour **1:30** minute **A.M.**

21. I hereby certify that I attended the deceased from
August 15th, 19**45**, to **12-29-45**, 19**45**;
 that I last saw him alive on **12-29-45**, 19**45**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral
 Hemorrhage.**

Duration

Due to.....

Due to.....

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

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 **J. F. Bureck** (M. D. or other)
 Address **1319 So. Rdway.** Date signed **12/29/45**

Form No. 1
State of Missouri

1819
D. J. ...
B.H. - 9650
1 And 2

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 Horner H. Fritz
Licensed Embalmer No. 3882
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.