S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25836

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6655

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (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

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. 5242 Devonshire (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MINNIE MAYER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive Abt. 64 years

7. Birth date of deceased Mar. (Month) 17 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
61	3	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name George Clement Thomas

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

14. Maiden name Amelia Minor

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

16. (a) Informant August Mayer

(b) Address 5242 Devonshire

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 17 47 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 15 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 2:50 minute A M.

21. I hereby certify that I attended the deceased from July 2/47 to July 15/47 19..., that I last saw alive on 7/15/47 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - gunshot? of whole abdomen 2 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

St John's Hosp - primary
Co. - metastasis - Ch. in liver
all since [illegible]

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? (e) Means of injury

23. Signature O. C. Phillips MD (M. D. or other)

Address 4523 S. Kingshighway Date signed 7/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947

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 Edwin J. McDermott

Licensed Embalmer No. 3024

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.