S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32796

Registrar's No. 8785

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

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 Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-21-47 To 9-17-47. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5022 Alabama Street (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frieda Mayer

3. (b) If veteran, name war

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 Henry Mayer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January (Month) 3 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	14	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Rieth 4
13. Birthplace Germany, (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Vagas
15. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park,

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) SEP 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17, year 1947 hour 1:15 P.M. minute M.

21. I hereby certify that I attended the deceased from August 21, 1947 to September 17, 1947. that I last saw her alive on September 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the cervix	11 mo.
Due to emaciation due to carcinoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature M. P. Shomer (or other) 0

Address 600 Arsenal Date signed 9-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No., working under my personal supervision.

Signed Joe B. Berry

Licensed Embalmer No. 4248

P. O. Address 2842 Meramec St., St. Louis, 18, 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.