V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 14426

Registrar's No. 3558

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: 4159 Eichelberger Ave
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4159 Eichelberger Ave 9
(If rural, give location) 15 0

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

If yes, name country

3. (a) PRINT FULL NAME Frank Mayer

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-8949

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Catherine Mayer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 17 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	6	26	hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business

FATHER
12. Name Alois Mayer
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Tiebe
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Mayer
(b) Address 4159 Eichelberger Ave

17. (a) Burial (b) Date thereof 4-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) APR 14 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day April
year 1948 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from April 12, 1948, to 4-13, 1948; that I last saw him alive on 4-13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiospasm.

Due to Myocarditis - Chr

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no.

(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 Bernard Plock M.D. (M. D. or other) —

Address 3527 Osage, St Louis 18, Mo. Date signed 4-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

mit

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 Homer 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 comply with the above constitutes grounds for revocation of license.)

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