No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17826

FILED JUN 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4739

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: De Paul 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 years, months or days)

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. 2731 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Mayer
3. (b) If veteran, name war No
3. (c) Social Security No. 0
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) 1894 (Year)

8. AGE: Years 54 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Marion (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Famous Barr Co.

FATHER
12. Name Charles C. Mayer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Frances Dick
15. Birthplace Belair (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mr. Charles C. Mayer
(b) Address 2731 N. Spring Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) MAY 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to May 22, 1948 that I last saw her alive on May 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis of pelvis and abdomen — Duration 3 mo +
Due to primary carcinoma of body of uterus — 1 yr +
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Ca uterus 3/20/47 Metastases (general abdominal + pelvic) Expl Lap 5/5/48
Of autopsy No autopsy

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 P. Emmer Kane (M. D. or other)
Address 1117 N Grand Date signed 5/20/48

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

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.