

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35397

State File No. 8734

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>2 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5 527a De Baliviere</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lea</u> b. (Middle) c. (Last) <u>Mayer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 8, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 6, 1883</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Arnold Schnieder</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Etienne</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Mayer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Victor Mayer</u>	ADDRESS <u>527a De Baliviere</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhages Nephritis - acute</u>		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Poly cystic Kidneys (Both)</u>		
DUE TO (c) <u>Anterior Horned Poly cystic Kidneys Both</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anterior Horned Poly cystic Kidneys (acute)</u> <u>590X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Missouri 1949</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Oct 5<sup>th</sup>, 1949, to Oct. 8, 1949, that I last saw the deceased alive on Oct 8<sup>th</sup>, 1949, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Scott Neveu M.D.</u>	23b. ADDRESS <u>634 N. Grand Blvd.</u>	23c. DATE SIGNED <u>Oct 10 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>OCT 11 1949</u>	REGISTRAR'S SIGNATURE <u>J B Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann &amp; Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Glen W. Hay

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3737

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.