

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 35398

Registrar's No. 9084

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 9084			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 Laurel Avenue				d. STREET ADDRESS (If rural, give location) 316 Laurel Avenue					
3. NAME OF DECEASED (Type or Print) Marie		a. (First)		b. (Middle) E.		c. (Last) Mayer			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 28th, 1867			
9. AGE (In years last birthday) 82		10. MONTHS 4		11. DAYS 23		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Germany			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jacob Kopf		13b. MOTHER'S MAIDEN NAME Katherine Herr		14. NAME OF HUSBAND OR WIFE Late Frederick L. Mayer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Mayer, 316 Laurel Avenue					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease -</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>myocardial Damage -</i> <i>Cardiac Dilatation -</i> DUE TO (c) <i>Generalized Vasculer</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis</i></p>						INTERVAL BETWEEN ONSET AND DEATH <i>8/28/41.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97		21d. HOW DID INJURY OCCUR? 4.500			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>Aug 28, 1941</i> , to <i>Oct 20, 1949</i> , that I last saw the deceased alive on <i>Sept 8, 1949</i> , and that death occurred at <i>12:45 AM</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. H. Keeling P.S.M.D.</i> (Degree or title)			23b. ADDRESS <i>8321 20 Broadway</i>			23c. DATE SIGNED <i>10/21/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10/22/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri			
DATE REC'D BY LOCAL REG. OCT 22 1949		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.					

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 Embalmer No.....

Signed.....

*John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

Signed.....  
Student Embalmer

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.