

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15296

State File No. _____

FILED MAY 11 1950

4006
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1198</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7472 Delmar Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>7472 Delmar Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MORITZ</u>		b. (Middle)		c. (Last) <u>MAYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 16, 1881</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>8</u>		Days <u>22</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Kennel Operator</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Lazerus</u>		14. NAME OF HUSBAND OR WIFE <u>Mary B. Mayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. M. Mayer-7472 Delmar Blvd.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronal Arteriosclerosis (cardial)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>art. sclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asenitivity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>332X</u> <u>2-3 yrs</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/5/48</u> , 19____, to <u>5/8/50</u> , 19____, that I last saw the deceased alive on <u>2/15/50</u> , 19____, and that death occurred at <u>11:50P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>OO Bach</u>				23b. ADDRESS <u>Humboldt Bldg</u>		23c. DATE SIGNED <u>7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Semetary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 9 1950</u>		REGISTRAR'S SIGNATURE <u>Richard L. Blomke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Norman Ruediger</u>		ADDRESS <u>5216 Delmar</u>	

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 Ketter
Licensed Embalmer No. 3880
P. O. Address _____

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.