

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31813**
7675
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital		d. STREET ADDRESS (If rural, give location) 2015 Virginia	

3. NAME OF DECEASED (Type or Print) a. (First) Hugo b. (Middle) c. (Last) Mayer		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 22/76
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Brewer	10b. KIND OF BUSINESS OR INDUSTRY Maltster
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Martin Mayer		13b. MOTHER'S MAIDEN NAME Agatha Mock		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Alwine Krueger	
				ADDRESS 2015 Virginia	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocarditis chronic		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis + dissection of colon		

19a. DATE OF OPERATION 9/5/50		19b. MAJOR FINDINGS OF OPERATION incision + dissection of colon		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? 154X	

22. I hereby certify that I attended the deceased from **Aug 17, 1950**, to **Sept 8, 1950**, that I last saw the deceased alive on **Sept 8, 1950**, and that death occurred at **11:00** m., from the causes and on the date stated above.

23a. SIGNATURE Otto E. Hämmer MD		23b. ADDRESS 3012 Lafayette St. St. Louis Mo.		23c. DATE SIGNED 9/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9/13/50		24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. SEP 11 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE SCHUMACHER	
				ADDRESS 3013 Meramec	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

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.