

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25607

State File No. _____

FILED AUG 9 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2792

1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>4003</u> <u>3</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 town) <u>Kirkwood</u>	c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u> <u>4713</u>	d. STREET ADDRESS (If rural, give location) <u>1101 So Lindbergh</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryhurst College</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Fr Robert</u> b. (Middle) <u>W</u> c. (Last) <u>Mayl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>30</u> <u>1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-6-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Priest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>	11. BIRTHPLACE (State or foreign country) <u>Dayton, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>yes</u>
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13a. FATHER'S NAME <u>Joseph A Mayl</u>	13b. MOTHER'S MAIDEN NAME <u>Rosella Staley</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Brother Julius, Maryhurst College</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardis-Vascular</u> DUE TO (c) <u>Jenane</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-28-51 to 7-30-51, that I last saw the deceased alive on 7-27-51, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert M. Repetto MD</u>	(Degree or title)	23b. ADDRESS <u>University Club Bldg - 405</u>	23c. DATE SIGNED <u>7-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maryhurst Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-28-51</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Donker MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER COLONIAL MORT, 6464 Chippewa</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

REC 40 M

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1st Broadway

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.