

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6615**

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1069**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (If in hospital) 20 days		d. STREET ADDRESS (If rural, give location) 5517 Nottingham Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) LOUIS	c. (Last) MAYER?	4. DATE OF DEATH (Month) (Day) (Year) FEB 3 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 19, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR (Months) 8	IF UNDER 12 HRS. (Days) 13	IF UNDER 12 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Grain	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Loeserman Mayer	13b. MOTHER'S MAIDEN NAME Karoline Hirsch	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 433-01-1475	17. INFORMANT'S SIGNATURE OR NAME Harold Vogel-7920 Teasdale Ct.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelonephritis, azotemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bladder tumor: Nodular hyperplasia of the prostate.		
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	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 2-3-52
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22. I hereby certify that I attended the deceased from **1-18-52**, 19___, to **2/3/52**, 19___, that I last saw the deceased alive on **2-3-52**, 19___, and that death occurred at **7** p. m., from the causes and on the date stated above.

23a. SIGNATURE F R Bradley M.D. (Degree or title)	23b. ADDRESS 600 S. Kingshighway	23c. DATE SIGNED 2/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/4/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Maariv Cemetery	24d. LOCATION (City, town, or county) (State) Chicago, Illinois
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DATE REC'D BY LOCAL REG. FEB 4 1952	REGISTRAR'S SIGNATURE J. Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudebeck	ADDRESS 5216 Delmar
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John B. DeBrouck

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights, 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.