

10. 300
0. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15359

State File No.

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (In this place) 1 yr.		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hardin Nursing Home		d. STREET ADDRESS (If rural, give location) 4912 -A North Union	

3. NAME OF DECEASED (Type or Print) Deena Mayer			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13, 1872		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ? Borgmeyer		13b. MOTHER'S MAIDEN NAME ? Goetges		14. NAME OF HUSBAND OR WIFE Joseph Mayer	
--------------------------------	--	-------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Goodnick, St. Charles, Mo.		
---	--	------------------------------	--	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis			INTERVAL BETWEEN ONSET AND DEATH Sudden
---	--	---	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) (Min.)			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 2-11, 1953 to May 2, 1953, that I last saw the deceased alive on May 1, 1953 and that death occurred at 3 PM m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED May 2, 1953	
---	--	------------------------------	--	------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Saint Charles Borromeo		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
--	--	-----------------------	---	--	--

DATE REC'D BY LOCAL REG. May 4, 1953	REGISTRAR'S SIGNATURE [Signature] 284-12		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Daltroy, Sons, St. Charles, Mo.		
--------------------------------------	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

431
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

Frank R. Amalson

Licensed Embalmer No. *4135*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.