

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15995**

FILED APR 23 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. **3717**

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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1017 Lafayette Av		d. STREET ADDRESS (If rural, give location) 23 1017 Lafayette Av		0			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) Mayer		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) April 7 1953		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6 1886		9. AGE (in years last birthday) 66			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Cortage Mills		11. BIRTHPLACE (City and State or Foreign Country) Austria 4			
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Susana Berger		13b. MOTHER'S MAIDEN NAME Matthew Mayer			
14. NAME OF HUSBAND OR WIFE Anna		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Anna Mayer		ADDRESS 1017 Lafayette Av					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 months	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 184X			
22. I hereby certify that I attended the deceased from <u>18 Aug</u> , 1953, to <u>6 April</u> , 1953, that I last saw the deceased alive on <u>6 April</u> , 1953, and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Mason</u>		(Degree or title) M.D.		23b. ADDRESS 4209 S Kingshighway			
23c. DATE SIGNED 7 April 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/9/53			
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri					
DATE REC'D BY LOCAL REG. APR 8 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Av			

(Licensed Embalmer's Statement on Reverse Side)

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

Archie A. Shannon

Licensed Embalmer No. *4533*

P. O. Address *Low 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.