No. 300
10.48

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29095

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6775

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 4462
d. STREET ADDRESS (If rural, give location): #4 No. Seminary Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): REV. PROF. FREDERICK
b. (Middle): E.
c. (Last): MAYER

4. DATE OF DEATH (Month) (Day) (Year): July 20 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 5, 1892
9. AGE (In years last birthday): 61 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor
10b. KIND OF BUSINESS OR INDUSTRY: Concordia Seminary
11. BIRTHPLACE (State or foreign country): New Wells, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rev. Emanuel Aug. Mayer, DD
13b. MOTHER'S MAIDEN NAME: Marie Pfotenhauer
14. NAME OF HUSBAND OR WIFE: Martha Luehrmann Mayer

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 / ADDRESS: Mrs. Martha Mayer, #4 No. Seminary Terrace

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): CARCINOMA OF PROSTATE
ANTECEDENT CAUSES — c̄ METASTASIS TO LUNG.
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: 3-4 yr's.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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): 177X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* July 20, 1954, *that I last saw the deceased alive on* July 19, 1954 *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Sorel M.D.
23b. ADDRESS: 35 N. Central
23c. DATE SIGNED: 7-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-54
24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: JUL 22 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BEIDERWIEDEN FUNERAL HOME INC. 1936 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robert E. Koch,
35 N. Central -Clayton,Mo.
Phone - Parkview 5-9100
Hours - 1-5:30

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. None, working under my personal supervision.

Student None
Student Embalmer

Signed Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.