

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24092

318

1003

Registrar's No. 5322

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
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) TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 316 Laurel Avenue 20590					
3. NAME OF DECEASED (Type or Print) Katherine Marie Mayer		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 19 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 2, 1892			
9. AGE (In years last birthday) 63 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick L. Mayer		13b. MOTHER'S MAIDEN NAME Marie E. Kopf		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Merkt, 316 Laurel Ave. 12 ADDRESS					
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) Sarcoma of Uterus 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. Intestinal Metastases				INTERVAL BETWEEN ONSET AND DEATH 6 mos. 2 Mos.	
19a. DATE OF OPERATION 5/21/55		19b. MAJOR FINDINGS OF OPERATION Entire Uterus involved.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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? 174X							
22. I hereby certify that I attended the deceased from 3/8 1955, to June 19, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Cleveland W. Shutt, M.D. (Degree or title)				23b. ADDRESS 220-N-4 th St. Louis-Mo.		23c. DATE SIGNED 6-20-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE June 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memor. s.		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.			
DATE REC'D BY LOCAL REG. JUN 20 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge, 15					

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.....
Signature of Student Embalmer

Signed *Ralph C. Linsden*

Licensed Embalmer No.....42

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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