THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42550

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillside Rest Home — Length of stay in 1b 705 N Benton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN St. Louis — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 5715 Holly Hills — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ida Middle: W. Last: Mayer

4. DATE OF DEATH Month 12 Day 25 Year 56

5. SEX Female 6. COLOR OR RACE W. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH April 25, 1879 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 8 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Home wife

11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Wertheimer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT A. A. Mayer Address 5715 Holly Hills, St. Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Undet.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 21, 1956 to Dec. 25, 1956 and last saw her/him alive on Dec. 24, 1956
Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. McGuire (Degree or title) M.D. 22b. ADDRESS St. Charles, Mo. 22c. DATE SIGNED Dec. 25, 1956.

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 12/27/56 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) St Louis Co (State) Mo.

24. FUNERAL DIRECTOR Noelle Mayer ADDRESS 4356 Lindell Blvd St. Louis Mo. 25. DATE RECD. BY LOCAL REG. Dec 25/1956 26. REGISTRAR'S SIGNATURE Fannie Hamilton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Denn

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.