

THE DIVISION OF HEALTH OF MISSOURI
MIDDLE CERTIFICATE OF DEATH

58-020406

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1326

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Glendale 46510		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in lb 1 week		d. STREET ADDRESS 768 (If outside, give location) Glenvista Pl.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle CHARLES Last MAYER				4. DATE OF DEATH Month May Day 16 Year 1958				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 7, 1897		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President			10b. KIND OF BUSINESS OR INDUSTRY A.E. Mayer Plbg. & Heating Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Adolph E. Mayer				14. MOTHER'S MAIDEN NAME Elizabeth Bischoff				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I - Navy		16. SOCIAL SECURITY NO. 444-07-9787		17. INFORMANT Address Theresa Mayer, 768 Glenvista Pl., Glendale				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure							INTERVAL BETWEEN ONSET AND DEATH no.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease		DUE TO (c) Coronary Occlusion & Infarction		DUE TO (b) Arteriosclerotic Heart Disease		DUE TO (c) Coronary Occlusion & Infarction
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? 11 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 1940 to May 16 '58 and last saw ^{her} him alive on May 16 '58 Death occurred at 7:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ernest A. Wentz M.D.				22b. ADDRESS 204 E. Richmond - Maple Grove		22c. DATE SIGNED 5/18/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
24. FUNERAL DIRECTOR Hoffmeister ADDRESS Colonial Mortuary, 6464 Chippewa St.				25. DATE RECD. BY LOCAL REG. 5-17-58		26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Leslie C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 78148

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.