

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027232  
STATE FILE NUMBER  
6238

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glendale
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 6 Hillard Road

3. NAME OF DECEASED (Type or print) First MARTH A Middle Hommel Last MAYER.			4. DATE OF DEATH Month June Day 18th Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1877	9. AGE (In years at birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nurnberg, Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Emanuel Hommel	13b. MOTHER'S MAIDEN NAME Theresia unknown	14. NAME OF HUSBAND OR WIFE Morris Mayer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Aaron Fischer-9733 Litzsinger Rd.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of aneurysm, abdominal aorta		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis, generalized		years
	DUE TO (c) Bronchopneumonia, bilateral		48 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.
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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
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21: I attended the deceased from June 1950 to June 17, 1958 and last saw her alive on June 17, 1958  
Death occurred at 2:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewellyn Sale, Jr. M.D.	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 6/18/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-19-58	23c. NAME OF CEMETERY OR CREMATORY local	23d. LOCATION (City, town, or county) (State) Pittsburg, Pennsylvania
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24. FUNERAL DIRECTOR C.R. Lupton & Sons; 7233 Delmar Blvd	25. DATE RECD. BY LOCAL REG. JUN 19 58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*OK*

**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 *Clarence N Murray* .....

Licensed Embalmer No. *4011* .....

P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.