

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 35 County St. Louis Registration District No. 287
 Township Osary Primary Registration District No. 5404 File No. 4236
 City St. Louis (No.) St. Ward
 2. FULL NAME Caru Bell Mayer
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. E. Mayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 7 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bl. Mo

MOTHER FATHER
 13. NAME J. X. Sundgrove
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 15. MAIDEN NAME Liza Street
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT L. E. Mayer
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gatewood MO DATE 2-29 1932

19. UNDERTAKER Baldwin Undertakers
 (ADDRESS)

20. FILED 2-28 1932
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1932 to 2-28 1932
 I last saw him 2-28 1932 alive on 2-28 1932 Death is said to have occurred on the date stated above, at 8:00 m.
 The principal cause of death and related causes of importance were as follows:
Uterine Hemorrhage
1777 (Principal)
 Other contributory causes of importance:
1440

Name of operation Pallidiversion Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 1932
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) E. J. Case M. D.
 Registrar. (Address)

