

OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

30552

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **7989**  
 (c) City **St. Louis, Missouri** (b) Street No. **City Sanitarium** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (c) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Antone Mayer**

(a) Residence, No. **3432 So. Spring** St. **16** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emma Schuenemann Mayer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 18, 1860**

7. AGE YEARS **78** MONTHS **3** DAYS **20** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Sec. & Tr Bar**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Tenders Union**  
 10. Date deceased last worked at this occupation (month and year) **About 1937** 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

FATHER 13. NAME **Unknown**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT (ADDRESS) **City Sanitarium Record**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Sept 10 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry L. Widemann 6203 Grand**

20. FILED **SEP - 9 1938** **J. B. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-8-1938**, 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to **9-8-38**, 19.....

I last saw him alive on **9-8-38**, 19..... Death is said to have occurred on the date stated above, at **12:17 P.M.**

The principal cause of death and related causes of importance were as follows:

**Broncho-pneumonia** Date of onset **9/8/38**

Other contributory causes of importance:  
**Multiple Infarcts of Kidney, no stone**  
**(Septic)**  
**Benign Prostatic Hypertrophy**  
**Hydro-ureter**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 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? **no**  
 If so, specify .....

(Signed) **J. W. Barnes** M. D.  
 (Address) **City Sanitarium**

Note—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.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Albert G. Hoffa*

Licensed Embalmer No. ....

*2971*

P. O. Address .....

**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 this body is not embalmed, above space should be left blank.**