

Registration District No. 784Primary Registration District No. 200Registrar's No. 1183

## 1. PLACE OF DEATH:

- (a) County Spiritus  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3205-A Pulaski, Mrs. Rie  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Fred William Mayer8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 493-09-90224. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10th 1917  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
23 1 9 \_\_\_\_\_ br. \_\_\_\_\_ min.9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Shipping Clerk

11. Industry or business \_\_\_\_\_

12. Name Fred Mayer13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Anna Heck15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Mayer(b) Address 3205-A Pulaski St.17. (a) Burial (b) Date thereof June 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Pauls Churchyard18. (a) Signature of funeral director Ziegenhain Bros(b) Address 23 2624-23 Cherokee St.19. (a) JUN 23 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3205-A Pulaski St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th  
year 1940 hour 4 minute 45 P. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Accidental drowning in  
Due to Mississippi River while  
in swimming. 6/19/40Due to (Dead body recovered from the  
river on June 21, 1940)  
Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
183  
Underline the cause to which death should be charged statistically22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence n June 19, 1940  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
707 Mississippi River  
While at work? NO (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature John Stowell (M. D. or other) \_\_\_\_\_  
Address Coroner of St. Louis County Date signed \_\_\_\_\_

**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 W. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**