

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1483a Hodiament Ave 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 54 yrs. 10 mos. 6 das

8. (a) PRINT FULL NAME Frank Mayer

3. (b) If veteran, name war no 3. (c) Social Security No. 494-10-9974

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Mayer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 6, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 26 hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Frank Mayer

13. Birthplace unknown France 7
(City, town, or county) (State or foreign country)

14. Maiden name Mary Procasky

15. Birthplace unknown Poland 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature HERBERT MAYER

(b) Address 4270 Castleman Ave

17. (a) Burial (b) Date thereof Aug 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Woodward & Goodrich

(b) Address 2228 St. Louis Ave

19. (a) AUG 5 1940 (b) J. 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 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 1483a Hodiament Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2, year 1940 hour 1.0 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 16, 1940 to Aug 1, 1940, that I last saw him alive on Aug 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Exhaustion acute

Due to Heart Stroke

Due to Hypertension

Due to Arterio Sclerosis 2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 191

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature A. M. Krall M.D. (M. D. or other)

Address 2704 Cass Ave Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 1 X19811

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

Charles Goodhart

Licensed Embalmer No.

3777

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