

No. 2
4-12-40
-17-39
I X23150

State File No. _____

APR 9 1941
Registration District No. 1784

Primary Registration District No. 115

Registrar's No. 590

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6519 Corbitt
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6519 Corbitt
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis F. Mayer

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philomene

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 30 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	4	16	hr. _____ min.
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9. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Goodlip Mayer

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Mayer

(b) Address 6519 Corbitt

17. (a) Burial (b) Date thereof 3/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 7 to March 16, 1941, that I last saw him alive on March 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure acute Duration _____

Due to Endocarditis - Chr + Myocarditis Chr. 20 yrs? 10 yrs?

Due to Atherosclerosis marked

Other conditions _____

Major findings: Of operations No operation

Of autopsy No autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (a) Means of injury _____

Signature [Signature] (M. D. or other) [Signature]

Address 6635 Delmar Date signed 8/17/41

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

16
3
5

96
3
5

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 J. Wm. Binkley
Licensed Embalmer No. 36531
P. O. Address H. Lewis pro

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, fact should be so stated above.