

X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16434

State File No.
Registrar's No. 4329

FILED MAY 28 1942

791

1003

Registration District No. 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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

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. 2329 Madison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY MAYER

3. (b) If veteran, name war None 3. (c) Social Security No.

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

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

7. Birth date of deceased: Feb. 1, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 15 If less than one day hr. min.

9. Birthplace: Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (Blind)

11. Industry or business Notions

12. Name Richard Mayer 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Parker

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

16. (a) Informant Mrs. Mary Huber

(b) Address 5320 Emerson Avenue

17. (a) Burial (b) Date thereof 5/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 17 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 1:15 minute 0 A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him..... alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
hemorrhage of brain suffered
when deceased fell down the
steps from the third to the
second floor of his home
2329 1/2 Madison St. May
16, 1942 about 1:10 PM.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of 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) Accident
(b) Date of occurrence May 16 1942
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Alfred Perry (M. D. or other)
Address Date signed 5/17/42

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

119

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19

20 9

0

Duration

000

3

5/17/42

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis

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.