

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42717

FILED DEC 24 1946

1003

State File No.

Registrar's No.

10613

Registration District No. 318

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
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. 4167 Eichelberger Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry C. Mayer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Ethel Mayer 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased. October 3 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 6 If less than one day
hr. min.

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

10. Usual occupation Printer

11. Industry or business Steelcote Co.

12. Name Joseph Mayer

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

14. Maiden name Katherine Stoll

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

16. (a) Informant Ethel Mayer

(b) Address 4167 Eichelberger Ave

17. (a) Burial (b) Date thereof 12-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Freyerhein Bros.

(b) Address 6409 Gravois Ave

19. (a) DEC 11 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day December
year 1946 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 10/18, 1946, to 12/9, 1946;
that I last saw him alive on 12-9, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema Duration 1 hour

Due to Coronary Heart Disease ?

Due to Hypertensive CV Disease ?

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

Major findings: 93
-Of operations _____

Of autopsy as above

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) (e) Means of injury _____

23. Signature J. H. Hauer (M. D. or other) _____

Address 3720 Washington Date signed 12/11/46

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

MOTHER FATHER

Mr. Francis
3726 Washington
Je-45N-

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 Homer H. Fritz

Licensed Embalmer No. 3882

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, fact should be so stated above.