

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14974

State File No. ....

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1034

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> 4006		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b> 1970		c. LENGTH OF STAY (In this place) <b>34</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7421 CORNELL AVE</b>		e. STREET ADDRESS (If rural, give location) <b>7421 CORNELL AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>W.</b>	c. (Last) <b>MAYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>FEB. 3 - 1868</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>				

13a. FATHER'S NAME <b>EUSTACE KUNKLER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SIEFKE</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE J. MAYER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Debrae McDonald</b>	ADDRESS <b>7421 Cornell Ave</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4-7-52</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Ch. Myocardite Hypertension Chron</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>44.3X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 12** 1952, to **April 16**, 1952, that I last saw the deceased alive on **April 12**, 1952, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Regina J. Keller MD</b>	23b. ADDRESS <b>4968<sup>th</sup> Delmar St</b>	23c. DATE SIGNED <b>4/16/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY SEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b>
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DATE REC'D BY LOCAL REG. <b>4-18-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HOD. Mullen</b>	ADDRESS <b>Co. 5165 DELMAR</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed *Ben Hoffman* .....

Licensed Embalmer No. *4366* .....

P. O. Address *Worcester, Ma* .....

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.