

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6930**

FILED MAR 11 1953

REG. DIST. NO. **228**

PRIMARY REG. DIST. NO. **5808**

Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BEAUCREAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location) 25 Villa wood	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) L c. (Last) MAYER		4. DATE OF DEATH: (Month) (Day) (Year) March 1 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 13 1883
9. AGE: (In years) (Month) (Day) 67		10. KIND OF BUSINESS OR INDUSTRY Ill	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rental		11. BIRTHPLACE (City and State or Foreign Country) Ill	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Fred Mayer		13b. MOTHER'S MAIDEN NAME Mary Flair		14. NAME OF HUSBAND OR WIFE Florence Mayer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Florence Mayer ADDRESS St Louis	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed AND FRACTURED SKULL		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) TRAUMATIC INJURIES DUE TO (c) TRUCK-AUTO-COLLISION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8161 210			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) US Highway 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jonesburg 070 Montgomery Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch - 1 - 1953 3:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? TRUCK-AUTO-COLLISION

22. I hereby certify that I attended the deceased from **1 Mch - 1953**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement Whinnant DDS Coroner	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 1 Mch 53
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 1 1953	24c. NAME OF CEMETERY OR CREMATORY Manchester Medical	24d. LOCATION (City, town, or county) (State) Manchester Mo
--	-------------------------------	--	--

DATE REC'D BY LOCAL OFFICE Mch 1 - 53	REGISTRAR'S SIGNATURE Mrs May Miller 306	25. FEDERAL DIRECTOR'S SIGNATURE Carl A. Seidling ADDRESS Jonesburg Mo
--	---	--

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

0700

3

11-3-53

MAR 26 1955

APR 23 1955

JUL 17 1955

APR 22 1955

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Carl A. Daidoy*

Licensed Embalmer No. 4115

P. O. Address *Pennington*

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.