

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34474

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2170

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lemay</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>UNC</u> <u>Lemay</u> <u>4870</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1236 Dammert Ave.</u>		Length of stay in lb <u>12 years</u>	d. STREET ADDRESS (If outside, give location) <u>1236 Dammert Avenue</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Mathias</u>	First <u>Mathias</u>	Middle <u>--</u>	Last <u>Mayr</u>	4. DATE OF DEATH <u>Aug. 28, 1957</u>
				Month <u>Aug.</u> Day <u>28</u> Year <u>1957</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 24, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>63</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Berry Baking Com</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Unknown</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497 05 6193</u>	17. INFORMANT <u>Barbara Mayr 1236 Dammert Ave. Lemay, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u>	<u>2 yrs</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>443X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year a. m. <u>          </u> p. m. <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>          </u>	COUNTY <u>          </u>	STATE <u>          </u>
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21. I attended the deceased from <u>Jan 4, 1954</u> to <u>8/28/57</u> and last saw <u>her</u> alive on <u>8/28/57</u> Death occurred at <u>10:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Michael L. Barnick M.D.</u>	22b. ADDRESS <u>7615 So. Broadway</u>	22c. DATE SIGNED <u>8/30/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 31, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>
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24. FUNERAL DIRECTOR <u>C. Hormeister Mortuaries</u> <u>7814 So. Broadway St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/30/57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Amke</u>
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(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9/2

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 .....  
Signature of Student Embalmer

Signed *Linus C. Hoffmeyer*

Licensed Embalmer No. 38

P. O. Address 78148

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.