

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32666
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City Saint Louis, Missouri. (d) Street No. St. Johns Hospital. Registered No. **8720**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Meyer

(a) Residence, No. 2503 Minnesota Ave. St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hermann Meyer				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6th, 1874.</u>				
7. AGE 35 YEARS	MONTHS 6	DAYS 10	IF LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife.</u>				
9. Industry or business in which work was done, as saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Louis, Missouri.</u>	
FATHER	13. NAME <u>William J. Bewig</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
MOTHER	15. MAIDEN NAME <u>Anna Woermann</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT Lillian Ablng.
(ADDRESS) 2503 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions Cemetery DATE September 20, 1937

19. FUNERAL DIRECTOR Ziegenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILE SEP 17 1937
J. A. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 16th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14th, 1937, to Sept. 16th, 1937.
I last saw her alive on Sept. 16th, 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumo pneumonia Date of onset 9-14
Epidemic Cerebralitis 9-14

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis Smear, Cultures Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) D. M. Fadden M. D.
(Address) 40 Missouri Realty Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, D. M. Davis, Licensed Embalmer No. 3741.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741.

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.)