

00714 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

32984

Do not use this space.

9038

Registered No.

1. PLACE OF DEATH

(a) County ..... (b) Township ..... (c) City St. Louis (d) Street No. 3424 A Arsenal (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 Georgia Catherine Meyer (Nee Novy)

(a) Residence, No. 3424 A Arsehal St. 16 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Edwin Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1895

7. AGE YEARS 42 MONTHS 7 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife 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) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Frank Novy 14. BIRTHPLACE (CITY OR TOWN) Atlantic Ocean (STATE OR COUNTRY)

15. MAIDEN NAME Carrie Theobald 16. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Edwin Meyer 3424 A Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Ill. DATE Sept. 29, 1937

19. FUNERAL DIRECTOR Truth Center Mortuary (ADDRESS) 4024 Lindell Blvd.

20. FILED SEP 28 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to Sept 26, 1937. I last saw him alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 1:00 m. The principal cause of death and related causes of importance were as follows:

Branchial Hypostatic pneumonia 5 days prior 1/8 Carcinoma of uterus May 1936

Other contributory causes of importance: None Name of operation None Date of None What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None 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 None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No, specify H. F. Westphalinger (Signed) 1901 Alfred (Address)

STATEMENT BY LICENSED EMBALMER

I, Ben H. Baldwin, Licensed Embalmer No. 2420

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

L. E.

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

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

**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.)**