

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16645  
Do not use this space.

791  
1008

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. City Infirmary St.  
 (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.

Registered No. 4506

2. PRINT FULL NAME Louisa Meyer

(a) Residence, No. 3440 Louisiana Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Meyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22nd. 1868.  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
69 4 24

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 16th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. None  
 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).....

Date of onset  
Chronic Occlusion  
Arterio Sclerosis  
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Waterloo  
 (STATE OR COUNTRY) Illinois

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

13. NAME Ernst Rodenhauser

14. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) Germany

17. INFORMANT Fred J. Gebhardt  
 (ADDRESS) 3440 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVALS S. Peter-Paul  
 PLACE Waterloo, Ills. DATE..... 19.....

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
 (ADDRESS) 2331 S. Broadway

20. FILED MAY 17 1938 J.P. Bredeek  
 Local Registrar

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? No  
 If so, specify.....  
 (Signed) Joseph M. Quinn  
 (Address) Argutty, Conn

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Frank J. Myland 2645  
or by me

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

Signed Frank J. Myland

Licensed Embalmer No. 2645

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**