

REC'D JUN 9 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17016  
Do not use this space.  
4877

791  
1008

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City, Saint Louis, Missouri. (d) Street No. 5017 Rosa Ave. 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.

2. PRINT FULL NAME Clara Bell Meyer.

(a) Residence, No. 5017 Rosa Ave. St. 2 (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) Widowed.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil H. Meyer.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8th, 1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Work  
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) Illinois

FATHER 13. NAME Elmer Hunter

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

MOTHER 15. MAIDEN NAME Ida Teneyck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Nicholas Hunter  
(ADDRESS) 1831 South 7th, Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul 1936

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

20. FILE J.D. Bredbeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th, 1938.  
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to May 25, 1938.  
I last saw her alive on May 24, 1938. Death is said to have occurred on the date stated above, at 1:40A.M.  
The principal cause of death and related causes of importance were as follows:

Uremia  
Chronic Nephritis  
Date of onset

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 Joseph E. Carney, M.D.  
(Signed) Joseph E. Carney, M.D.  
(Address) 1525 Frisco Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Accuracy is essential.

STATEMENT BY LICENSED EMBALMER

I, William Ziegenhein, Licensed Embalmer No. 1004

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Wm. Ziegenhein*

Licensed Embalmer No. 1004.

**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.)**



1938  
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