

REC'D JUL 7 1938

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

22981
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City St. Louis (d) Street No. St. Rose Sanitarium Registrar No. 987
 (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 Ruth Mary Meyer
 (a) Residence, No. 326 W. Washington St. Belleville, Ill.
 (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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 - 1913
 7. AGE YEARS 24 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prof. Dancer
 9. Industry or business in which work was done, as saw mill, bank, etc. Various
 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) Shiloh, Ill.
 FATHER 13. NAME Walter Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shiloh, Ill.
 MOTHER 15. MAIDEN NAME Mira Collier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Ill.
 17. INFORMANT (ADDRESS) Patrick Meyer, Belleville, Ill.
 18. BURIAL, CREATION, OR REMOVAL PLACE Shiloh Cemetery, 6-8 - 1938
 19. FUNERAL DIRECTOR (ADDRESS) John Maedner, Belleville, Ill.
 20. FILED JUN 7 1938 J. K. Meyer, M.D. No. 5 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to June 6, 1938
 I last saw her alive on June 5, 1938 Death is said to have occurred on the date stated above, at 2:28 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1938
 Other contributory causes of importance: Tonic Myocarditis May 1938
 Name of operation None Date of None
 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? None Date of injury _____, 19____
 Where did injury occur? None (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
 If so, specify _____
 (Signed) John J. Boush, Resident, M. D.
 (Address) St. Rose Sanitarium, St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lemuel Hampton, Licensed Embalmer No. 2967

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 Lemuel Hampton

Licensed Embalmer No. 2967

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.)