

MAR 27 1939

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

DEAD APR 7 1939

12245
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 784
 (b) Township Ferguson Primary Registration District No. 104
 (c) City Ferguson (d) Street No. Pollack Nursing Home 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 Lulu Meyer

(a) Residence, No. 3504 Victor St. St. (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) Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown					
7. AGE		YEARS		MONTHS	
About 77					
		DAYS		If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as saw mill, bank, etc.					
Nil					
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) Missouri					
FATHER					
13. NAME William Meyer					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany					
MOTHER					
15. MAIDEN NAME Helen Bohn					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany					
17. INFORMANT (ADDRESS) Theodore Meyer 625 S. Skinker Road					
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE March 28 1939					
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peetz Brothers 3028 Lafayette Ave					
20. FILED MAR 27 1939 <i>[Signature]</i> Local Registrar					

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** March 26 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to March 26, 1939
 I last saw h. alive on March 25, 1939. Death is said to have occurred on the date stated above, at 5:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus
Pericardial Anemia1925
1925Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 (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 _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) [Signature], M. D.(Address) 512 S. West Place

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Maurice A. [unclear]

Pa-2883

16th St. 512 Room

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

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address.....

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.)

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