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.

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

16775
Do not use this space.

1. PLACE OF DEATH JUN 12 1939
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4309
(c) or City St. Louis (d) Street No. City Hospital No.1 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.
E. 1648 60 ii

2. PRINT FULL NAME Mary Meyer
(a) Residence, No. 2720 Accomac St. 23
(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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1851
7. AGE YEARS 87 MONTHS 1 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. nil Housewife
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) St. Louis, Missouri

FATHER
13. NAME Frank Bayersdoerfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Augusta Brender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
18. BURIAL, CREMATION, OR REMOVAL
PLACE S S Peter + Paul DATE May 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos Kutis 2906 Travois Ave
20. FILED MAY 9 1939 J. T. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/39, 19
22. I HEREBY CERTIFY, That I attended deceased from 5/5/39, 19..., to 5/8/39, 19...
I last saw her alive on 5/8/39, 19... Death is said to have occurred on the date stated above, at 6.05 m a
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset
Other contributory causes of importance: hypertension
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
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? ...
If so, specify .....
(Signed) Edward J Weiss, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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 Leo Budde, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.