

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

17140
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 4674
(c) City St. Louis, Mo. (d) Street No. City Infirmary. St.
(e) Length of residence in city or town where death occurred ⁶⁶⁰ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Katherine Meyer.
5800 Arsenal St.
(a) Residence, No. St. 13 (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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1860.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation
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) St. Louis, Mo.
13. NAME John Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
15. MAIDEN NAME Anna Ostendorf.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Calvary Cem. DATE May 24, 1939
19. FUNERAL DIRECTOR (ADDRESS) Math Hermann, 216 West Fair Ave.
20. FILED MAY 23 1939 J. B. Brudish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from December 19, 1938 to May 22, 1939
I last saw her alive on May 22, 1939 Death is said to have occurred on the date stated above, at 10:50 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Other contributory causes of importance: Generalized arteriosclerosis
Name of operation 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? 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) R. Potashnick, M. D. (Address) 5600 Arsenal St.

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.