

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

17349  
Do not use this space.

791  
1008

Registered No. **4883**

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....

(b) Township..... 1 Primary Registration District No.....

(c) City St. Louis (d) Street No. Stone 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 600 Selma M Meier

(a) Residence, No. 4330 N. 19th St. St. 9 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Meier (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
70	6	18	

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. at home

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) Germany 6

FATHER

13. NAME Henry Mehlhorn 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs John Neudecker  
(ADDRESS) 4517 Pope Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math Hermann & Son 2161 East Fair Ave.

20. FILED MAY 29 1939 J. E. Budick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939 19

22. I HEREBY CERTIFY, That I attended deceased from May 1935, to May 27 1939  
I last saw h. w. alive on 5-27- 1939 Death is said to have occurred on the date stated above, at 10:00 PM  
The principal cause of death and related causes of importance were as follows:

Senility  
Bright's Disease  
Uremic Poison

Date of onset 5 yrs

Other contributory causes of importance:  
Atrophic Arthritis  
Paralysis Lower Extremities

Date of onset 5 yrs

Name of operation..... Date of.....  
What test confirmed diagnosis? Labatory Was there an autopsy? no

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 no  
(Signed) Dr. Walter B. Pfeiffer D.D. 3  
(Address) 1176 Hodiamont

WHILE FILLING IN 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.

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**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. *2116*

P. O. Address *St. Louis 9*

**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.**