

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34660**
Registrar's No. **9198**

Registration District No. **791** Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Des Loege Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Elizabeth Meyer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emil Meyer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 10th, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	16	hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Frederick Vogel**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Vent**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Emily Cadwallader**

(b) Address **6707 Mary Ellen Ave. Normandy**

17. (a) **Burial** (b) Date thereof **Oct. 30th, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **My Rindner M.D.**

(b) Address **1417 N. Market Street.**

19. (a) **OCT. 27 1939** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **6707 Mary Ellen Ave**
Normandy, Mo.
(e) If foreign born, how long in U. S. A. **68** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct**, day **26**, year **1939** hour **9** minute **55** P. M.

21. I hereby certify that I attended the deceased from **1938**, to **Oct 26, 1939**, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to **Arteriosclerosis**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **Cataract Operation**

Left Eye 10/20/39

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

(b) Where did injury occur? _____

(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place) (a) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **508 N. Grand Blvd** Date signed **10/27/39**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.