

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 114

114

114

Registration District No. 201

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County 1003 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1301a Ann Ave.
(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)

8. (a) PRINT FULL NAME Christine Meyer 600
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Gottlieb Meyer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace New Hanover Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Christian Dohrman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Rudloff
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amanda Meyer
(b) Address 1301a Ann Ave

17. (a) Burial (b) Date thereof Jan 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cema

18. (a) Signature of funeral director Schumacher
(b) Address 3013 Meramec

19. (a) JAN 5 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1301a Ann Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1940 hour 1.40 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from March 25, 1937, 19 _____, to January 3, 1940, 19 _____, and that death occurred on the date and hour stated above.

that I last saw her alive on January 3, 1940;
Immediate cause of death Cardio-Vascular Duration 3 yrs.
Renal Disease

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature W. F. Simon (M. D. or other) _____
Address 1115 Victor St. St. Louis, Mo. Date signed 1.5.40

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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.

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

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.....

George J. Duhaimeault, Registered Apprentice No.
working under my personal supervision.

George J. Duhaimeault
Signed

Licensed Embalmer No. *2906*

P. O. Address. *Box 307, Quana*

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.