No. 2
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7-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4426

Registration District No. 791 FILED 1003 Primary Registration District No. 1003

Registrar's No. 1256

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 7
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 9 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 7
(If outside city or town limits write "RURAL")

(d) Street No. 5426 Robin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME 600 Marie C. Meyer

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-6569

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy A. Meyer

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct. 11, 1916 (Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Clerk

11. Industry or business Von Hoffman Press 0

MOTHER FATHER

12. Name John E. Weltin

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

14. Maiden name Mary Bruer

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Roy A Meyer

(b) Address 5426 Robin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. Astrock

(b) Address 2117 E. Grand Blvd.

19. (a) FEB 7 1940 (Date received local registrar) (b) J. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 1-1940 to Feb-4 1940 that I last saw h[illegible] alive on Feb-4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Septicemia

Due to Secondary to entire Body

Due to Lobar Pleura Pneumonia of R Lung

Due to

Other conditions (Include pregnancy within 3 months of death) General Septicemia cause unknown probably caused by pleurisy

Major findings: Of operations no operation

Of autopsy Septicemia Septic Bodies, autopsy done by Dr O Hagenbach

Duration

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) no accident

(b) Date of occurrence None

(c) Where did injury occur? no injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injury (Specify type of place)

While at work? (e) Means of injury none

23. Signature Dr M. T. Hannan (M. D. or other)

Address 3243 N Grand Date signed 2-13-1940

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.