S. No. 2
—11-10-39
v. 5-17-39
[1492]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19507

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1028

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Home (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town Ladue Village (If outside city or town limits write "RURAL")
(d) Street No. #14 Daniel Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Henrietta Meyer
8. (b) If veteran, name war None
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 Late Richard Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5th (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown Schmalenbach
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Harry Tacke
(b) Address #14 Daniel Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway
19. (a) MAY 29 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1940 hour 7:30 minute P.M. M.

21. I hereby certify that I attended the deceased from July 1939 to May 28th 1940 that I last saw her alive on May 28th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cystitis Acute	6 da
Due to: Chr Myocarditis	10 yrs
Due to: 93	
Due to: Senile Dementia	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	

Major findings: Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. Steabaugh (M. D. or other) MD
Address 1051 W Lockwood Date signed May 29 1940

(Licensed Embalmer's Statement on Reverse Side)

Dr O.D. Sebaugh
105 Lackawanna Blvd
Webster 502 3-5

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.