

MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4460 Penrose 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**
(c) City or town **St. Louis.** **17 10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4460 Penrose Ave.**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Marie Augusta Meyer R.**

20. DATE OF DEATH: Month **April** day **24**
year **1941** hour **7** minute **20** p.m.

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

21. I hereby certify that I attended the deceased from **December**, 19**40**, to **Apr. 24**, 19**41**; that I last saw **her** alive on **April 23**, 19**41**; and that death occurred on the date and hour stated above.

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

Immediate cause of death **Cerebral Hemorrhage (Cerebral Hemiplegia)** Duration _____

6. (b) Name of husband or wife **Henry Wm. Meyer.** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **October 5 1866.**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **19** If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions **Arteriosclerosis**
(include pregnancy within 3 months of death)

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

10. Usual occupation **Housewife.**

Major findings: Of operations _____
Of autopsy **no**

11. Industry or business _____

12. Name **Casper Schaefering.**

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

14. Maiden name **Clara Dreman.** (City, town, or county) (State or foreign country)
15. Birthplace **Germany.** (City, town, or county) (State or foreign country)

16. (a) Informant **Walter F. Meyer.**

(b) Address **2516 Warren St.**

17. (a) **Burial** (b) Date thereof **4-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **APR 26 1941** (b) **J. H. Brudich**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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 **no**

23. Signature **J. H. Brudich** (M. D. or Registrar)
Address **4901 1/2 Eastwood** Date signed **4/26/41**

Dr. Hamber
206.87 University

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 ave

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, fact should be so stated above.