

No. 2
4-13-40
5-17-39
I X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16821
State File No.
4339
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4950 Lindenwood Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 4950 Lindenwood Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Theresa Meyer
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 21st day 21st
year 1941 hour 6 minute P.M. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from Dec 1, 1938, to Jan 21, 1941;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 10th 1859
(Month) (Day) (Year)

Immediate cause of death
Hypertension 3 yrs
Due to Chronic nephritis 3 yrs
Due to _____

8. AGE: Years Months Days If less than one day
82 3 11 _____ hr. _____ min.

Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework at home
11. Industry or business _____
12. Name Fred Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Brinker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Marie Weckmeyer
(b) Address 4950 Lindenwood Ave.
17. (a) Burial (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Mo.

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 23 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature H. Schumacher (M. D. or other) _____
Address 68119 glowers Date signed 5/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

0
7
9

Duration
3 yrs
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

6811/2 GRAVOIS AVE.
FL 0034
2-3 P.M.

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 Reinhold K. Lehman

Licensed Embalmer No. 3395

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, fact should be so stated above.