

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5161**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **2010 Wyoming St**
(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)

3. (a) PRINT FULLNAME **Hermine Meier**

3. (b) If veteran, name war **770** 3. (c) Social Security No. **770**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Andrew Meier** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Jan. 18 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business _____
12. Name **Unknown Koebel**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Meier**
(b) Address **2010 Wyoming St.**

17. (a) **Burial** (b) Date thereof **6 25 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Paul Ch. yard**

18. (a) Signature of funeral director **Miss Brody**
(b) Address **2929 S. Jefferson Av.**

19. (a) **JUN 24 1941** (b) **J. H. Brederick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **COO**
(c) City or town **St. Louis** **1724**
(If outside city or town limits, write "RURAL")
(d) Street No. **2010 Wyoming St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **500** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1941** hour **7** minute **45** p. M.

21. I hereby certify that I attended the deceased from **Oct 1934** to **June 22 1941**
that I last saw her alive on **June 21 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Proteinuria **5 yrs**

Due to **Ch. myocarditis** **5 yrs**
Asteril. Salmoni

Due to **Brown Tumors** **6 mos**
malignant
Other conditions (Include pregnancy within 3 months of death) **none**

Major findings: **none**
Of operations **49**
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: **none**
(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 _____

23. Signature **J. H. Brederick** (M. D. or other) **M.D.**
Address **1225 Birney** Date signed **6/23/41**

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

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7
9

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.....
Paul R. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Paul R. Shanklin*.....

Licensed Embalmer No. *3477*

P. O. Address.....*Jefferson*.....

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.