

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. **30078**
Registrar's No. **7415**

Registration District No. **791**

Primary Registration District No. **1003**

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:
2654 Allen Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)
In this community **28 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2654 Allen Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **CAROLINE W. MEYER**

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

20. DATE OF DEATH: Month **September** day **twelfth** year **1941** hour **5** minute **30** P.M.

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

21. I hereby certify that I attended the deceased from **May 1938** to **Sept. 12 1941** that I last saw her alive on **Sept. 7 1941** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **LOUIS** 6. (c) Age of husband or wife if alive **76** years

Immediate cause of death **Cerebral apoplexy**
Due to **arterial hypertension**

7. Birth date of deceased **September 18, 1866**
(Month) (Day) (Year)

Other conditions **Epilepsy**
Due to _____

8. AGE: Years **74** Months **11** Days **24** If less than one day hr. min.

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

10. Usual occupation **housework**

11. Industry or business **at home**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name **Julius Helm**

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

14. Maiden name **Katherine Weiss**

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

16. (a) Informant **Katherine Rudolph**

(b) Address **7654 Allen Avenue**

17. (a) **Burial** (b) Date thereof **9-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gray Summit, Missouri**

18. (a) Signature of funeral director **A. W. McLaughlin**
(b) Address **2301 Lafayette Ave**

19. (a) **SEP 14 1941** (b) **R. Rudolph**
(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) _____
(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 **E. M. Collins** (M. D. or other) **MD**
Address **3012 Lafayette** Date signed **9-13-41**

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

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..... *Paul A Keith*.....
Licensed Embalmer No. *3612*.....
P. O. Address *2317 Lafayette*.....

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.