

STANDARD CERTIFICATE OF DEATH

State File No. 30469

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7808

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 18 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3694 Forest Park Blvd.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Elizabeth Meier

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 28
year 1941 hour 7 minute 40 A M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John F. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 2, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 28 1941 to SEPT 28 1941
that I last saw him alive on SEPT 28 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	10	26	hr. min.

Immediate cause of death: GENERAL ARTERIOSCLEROSIS
MYOCARDIUM 1930
1935

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Henry Gross,

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Meier

(b) Address 3694 Forest Park Blvd.

17. (a) burial (b) Date thereof 10/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) h.o.

(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 Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) SEP 29 1941 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature J. J. Brudick (M. D. or other) _____
Address 411 E. 12th St. Date signed 9/28/41

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.