

FILLED NOV 27 1941

Registration District No. _____

Primary Registration District No. _____

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:
2019 Russell
(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)

3. (a) PRINT FULL NAME MARY MEYER

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

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 alive _____ years

7. Birth date of deceased About 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 Unknown hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Robert Meyer

13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

14. Maiden name Josephine Hoefner (City, town, or county) (State or foreign country) 4

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

16. (a) Informant Catherine Wolf

(b) Address 2019 Russell Blvd.

17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director M. C. Maynard

(b) Address 1926 Allen Ave.

19. (a) OCT 15 1941 (b) J. T. Brodeur
(Date received local registrar) (Registrar's signature)

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. 2019 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 15, 1941 to Oct 12, 1941;
that I last saw her alive on Oct 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days
Due to arteriosclerosis ?
the myocardium ?

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature Mary Starbuck (M. D. or other) MD
Address 5122 Laurel Date signed 10/13/41

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

60
17
4

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..... *Benjamin C. Duncan*.....
Licensed Embalmer No..... *2272*.....
P. O. Address..... *1926 Allen*.....

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.