

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 613
Registrar's No. 128

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

000
199
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4566 a Loughborough Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town t. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4566 a Loughborough
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Meyer
(b) If veteran, name war --
(c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Jan. day 3 rd. year 1942 hour 5 minute 35 P.M.

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

21. I hereby certify that I attended the deceased from Jan 30th 1941 to Jan 3rd 1942
that I last saw her alive on Jan 3rd and that death occurred on the date and hour stated above.

7. Birth date of deceased February 6 1867
(Month) (Day) (Year)
8. AGE: Years 74 Months 10 Days 28
If less than one day hr. min.

Immediate cause of death Chronic Valvular disease of heart, aortic insufficiency
Due to Chronic rheumatism Duration 1 year

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Home

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

11. Industry or business _____
12. Name William Mieger
13. Birthplace unknown Germany
(State or foreign country)
14. Maiden name Christine Scheible
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations not operated
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Meyer
(b) Address 4566 a Loughborough
17. (a) Burial (b) Date thereof Jan 6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Arthur Meyer
(b) Address 3634 Gravois Ave.
19. (a) Jan 2 1942 (b) J. P. Brudeck
(Date received local health officer) (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 _____
Signature W. A. Gries (M.D. or other) M.D.
Address 1544 S. 50th P. roadway Date signed 1-5-42

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.....

Frank J. Myland

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis Mo

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.