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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12883

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4231

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: Home for the Aged - 3400 S. Grand (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) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1600 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ellen Meyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Julius Meyer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 22 (Day) 1872 (Year)

8. AGE: Years 70 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Martin Ruddy
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ellen Lammon
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Little Sisters of the Poor
(b) Address 3400 So. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SS. P & P Cemetery.

18. (a) Signature of funeral director Gerhardt Bros. Mortuary
(b) Address 2842 Meramec St.

19. (a) MAY 13 1942 (Date received local registrar) (b) J. F. Bedsek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Feb 7 1942 to May 12 1942 that I last saw he alive on May 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency — Duration 1 wk.
Due to Myocardial Failure — 1 wk.
Due to Cardiac Vascular Degeneration Disease — 1 yr.
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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:
(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)
While at work (d) Means of injury

23. Signature (M. D. or coroner)
Address Date signed 5/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Foron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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.