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V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16448

Registration District No. 791 Primary Registration District No. Registrar's No. 4930

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 25
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1531 Franklin
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Meyer
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months ? Days ? If less than one day hr. min.
9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Patrick Carlin
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Kelley
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sara Frederic
(b) Address 5729 Nottingham
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Old St Peter & Paul Cem.
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) JUN 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3. year 1942 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from May 27. 1942 to June 3. 1942 that I last saw her alive on June 3. 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease	
Due to: Bronchiolitis asthma.	
Due to:	
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? (e) Means of injury
23. Signature (M. D. or other)
Address 1515 Lafayette Ave. Date signed 6/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.