

FILED NOV 6 1942

Registration District No. 109

Primary Registration District No. 109

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nurseing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether

In this community since birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0.70

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 2569a Montgomery St.
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Emma Meyer

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife Henry A Meyer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|-------------------|
| 75 | 6 | 28 |hr.min. |
|----|---|----|-------------------|

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

10. Usual occupation housewife

11. Industry or business XXX

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Arthur H Meyer--son

(b) Address 2569a Montgomery Str.

17. (a) Burial (b) Date thereof Oct. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery Hy. Leidner Und. Co

18. (a) Signature of funeral director 2223 St. Louis Ave

(b) Address 2223 St. Louis Ave

19. (a) OCT 29 1942 (b) E. L. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1942 hour 1:45 P.M. minute M.

21. I hereby certify that I attended the deceased from 3-10, 1940 to 10-20, 1942
that I last saw her alive on 10-20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis Duration 2 1/2 yrs

Due to 9/4

Due to Coronary occlusion

Other conditions Coronary occlusion
(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 Chas. Just (M. D. or other) 0 M.D.

Address 3000 N. Grand Date signed 10-27-42

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.....

John O. Buchholz

Licensed Embalmer No. *1674*

P. O. Address..... *2223 St. Louis Ave*

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.

John O. Buchholz