V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8583

Registrar's No. 2901

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:
On street on Lillian Ave
(If not in hospital or institution, write street number or location)

Pronounced dead at City Hospital

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
12
97

(a) State Missouri (b) County

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

(d) Street No. 4866 Riverview Blvd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

Attending Physician

3. (a) PRINT FULL NAME Mildred Meyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph H. Meyer

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

7. Birth date of deceased December 4, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	21	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Jacob Schmidt
13. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Margaretha Killian
15. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Frank J. Sontheimer
(b) Address 5202 Davison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1943 hour 5:45 PM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 3/21/43

(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.....

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

working under my personal supervision.

Signed Francis A Williamson

Licensed Embalmer No. 3565

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.