

ED OCT 13 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8604

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:
City Infirmary 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs, 3 mo, 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Pauline Meier.

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 Single 0

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

7. Birth date of deceased October 26 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 0 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business ??

12. Name Fred Meier. 4

13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Johanna.

15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bonnie Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof Sept 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Gardens

18. (a) Signature of funeral director Baumann Bros

(b) Address 1507 Wooding Rd. Overland Mo.

19. (a) SEP 29 1943 (b) J. J. Prudich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No?)
 If yes, name country American 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26
 year 1943 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 15
1943 to Sept 26 1943
 that I last saw her alive on Sept 25 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 8 days

Due to Staphylococcus infection

Due to Furunculosis 3 months

Other conditions: Chronic decompensated hypochrom. anemia
(Include pregnancy within 3 months of death)
secondary Anemia 4 months

Major findings: 930 PHYSICIAN

Of operations _____
 Of autopsy _____
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?

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature Dr. J. J. Prudich (M. D. or other) MD
 Address 5800 Arsenal St. Date signed 9/28/43

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

MOTHER FATHER

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Overland 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.