

S. No. 2
OM-2-4
5-17-43
P.1 X35697

30208

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 2 - 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8552

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:
5322 Neosho St.
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 5322 Neosho St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Henriette Meyer

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1943 hour 4:26 minute P.M. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Frederick Meyer

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

7. Birth date of deceased..... April 25th 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 - 1943, 19..... to Sept 26, 1943, 19.....
that I last saw her alive on 9-26-43, 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>1</u> hr. min.

Immediate cause of death.....
Cerebral hemorrhage (Pt meningoplegia)

Due to.....

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

10. Usual occupation Housewife

Other conditions..... Ch. myocarditis syn
(Include pregnancy within 3 months of death)

Due to.....

11. Industry or business.....

MOTHER FATHER { 12. Name William L. Spreck

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

14. Maiden name Wilhelmina Unknown

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Caroline Meyer

(b) Address 5322 Neosho St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 9-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshausen Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 28 1943 (b) J. F. Brudeck
(Date received local report) (Registrar's signature)

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?.....

23. Signature..... (M. D. of Registrar)
J. F. Brudeck

Address 4523 S. Kingshighway Date signed 9/27/43

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 *Richard W. Howard*

Licensed Embalmer No. *4007*

P. O. Address.....

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.