

FILED DEC 9 1943
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **19395**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3314 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **47 Years In St. Louis.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **174**
 (c) City or town **St. Louis** **924**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3314 Pennsylvania Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **MARIA 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 **Widow**
 6. (b) Name of husband or wife **Mathias Meier** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **May 4th 1868** **1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 **6** **21** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Housewife**

MOTHER FATHER { 12. Name **George Kopp**
 13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Barbara Gewinner**
 15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Alexander**

(b) Address **3314 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Nov 29th /43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SunSet Burial Park**

18. (a) Signature of funeral director **Thos Kuts & Co**

(b) Address **2906 Gravois Ave.**

19. (a) **NOV 27 1943** **J. F. Beck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **25**
 year **1943** hour **8 55 P.M.** M.

21. I hereby certify that I attended the deceased from **11/23** 19**43**, to **11/25** 19**43**,
 that I last saw her alive on **11/25** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from lungs** **5 days**
 Duration

Due to **Pulmonary Tuberculosis** **7 yrs**

Due to **11/25**

Other conditions **11/25**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **11/25**

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?

While at work?..... (Specify type of place) (Means of injury)

23. Signature **Walter R. [Signature]** (M. D. or other) **MD**
 Address **3903 [Signature]** Date signed **11/27/43**

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

Dr. W. Gordon
Wrote Body
Handwritten in case.

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 David Van Fossen
Licensed Embalmer No. 4242
P. O. Address 2906 Harris

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.