

FILED JAN 4 1944  
318

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11992**

**1. PLACE OF DEATH:**  
(a) County **Saint Louis, Missouri.**  
(b) City or town **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1035 Gimblin Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri.** (b) County **12**  
(c) City or town **Saint Louis,** (If outside city or town limits, write "RURAL")  
(d) Street No. **1035 Gimblin Ave.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mary Meier.**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **December** day **27th,** 19**43.** year. **5** hour. **30** minute. **P.** M.  
**21. I hereby certify that I attended the deceased from** **Dec 15** \_\_\_\_\_, 19**43**, to **Dec 27** \_\_\_\_\_, 19**43**.  
that I last saw her alive on **Dec 27** \_\_\_\_\_, 19**43**; and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**  
6. (b) Name of husband or wife **Bernard Meier** 6. (c) Age of husband or wife if alive **61** years.  
7. Birth date of deceased **November 4th,** 18**75.** (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage - (Bulbar paralysis)** Duration **3 days**  
Due to \_\_\_\_\_  
Due to **Anterior lobe meningitis, cerebral metastasis** ?  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years **68** Months **1** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Saint Louis, Missouri** (City, town, or county) (State or foreign country)  
10. Usual occupation **House-Wife.**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name **John H. Herkkenhoff**  
13. Birthplace **Saint Louis, Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Isral**  
15. Birthplace **Saint Louis, Missouri** (City, town, or county) (State or foreign country)  
16. (a) Informant **Bernard Meier**  
(b) Address **1035 Gimblin Ave.**  
17. (a) **Burial** (b) Date thereof **Dec. 1943.** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery.**  
18. (a) Signature of funeral director **Ziegenhauer Bros.**  
(b) Address **2409 Gravois Ave.**  
19. (a) **DEC 29 1943** (b) **J. J. Brudick** (Date) (City or town) (Year) (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **C. Knight** (M. D. or other) \_\_\_\_\_  
Address **South Broadway** Date signed **1/28/44**

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..... *V E Morris* .....

Licensed Embalmer No. *3360* .....

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.**