

S. No. 2
FORM 5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40276
State File No. 11537
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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:
3926 HUMPHRY ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... 000
(c) City or town..... ST. LOUIS 17 16
(If outside city or town limits, write "RURAL")
(d) Street No..... 3514 HARTFORD ST.
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CARRIE MEYERS

3. (b) If veteran, name war..... NO 3. (c) Social Security No..... NO

4. Sex..... FEMALE 5. Color or race..... WHITE 6. (a) Single, widowed, married, divorced..... MARRIED

6. (b) Name of husband or wife..... ALEXANDER T. MEYERS 6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... AUGUST 20 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 0 hr. min.

9. Birthplace..... ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... HOUSEKEEPER

11. Industry or business..... OWN

12. Name..... JOSEPH OGDEN

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

14. Maiden name..... ANNIE LAURIE

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

16. (a) Informant..... Mr. Alexander T. Meyers

(b) Address..... 3514 A Hartford St.

17. (a) BURIAL (b) Date thereof..... DEC 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... BELLE FONTAINE CEM.

18. (a) Signature of funeral director..... E. H. Schmur
(b) Address..... 3125 Lafayette Av.

19. (a) DEC 22 1943 (b) V. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 20
year..... 1943 hour..... 9 minute..... 45 AM
21. I hereby certify that I attended the deceased from..... 9-17-43
19..... to..... Dec 20 19..... 43
that I last saw her alive on..... Dec 20 19..... 43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardio neptenic
Due to..... myocardium
Due to..... 1943
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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..... W. B. Cappel (M.D. or other) 2046
Address..... 3284 Franklin Date signed..... 12 22 43

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

MOTHER FATHER

844

(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.....

Licensed Embalmer No. 4014

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.