

FILED APR 1 1944

Registration District No. 319

Primary Registration District No. 3069

Registrar's No. 742

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Hights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3635 Flad Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sandra Meier.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 21, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 10 2 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Meier
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mae Smith
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Meier

(b) Address 3635 Flad Ave.,

17. (a) Burial (b) Date thereof Mar. 25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director J os. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 28 1944 (b) E. G. Mc Gowan, M.D.
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1944 hour 3.30 minute A.M.

21. I hereby certify that I attended the deceased from 3-20-44
19. to 3-22-44
that I last saw her alive on 3-22-44
and that death occurred on the date and hour stated above.

Immediate cause of death

acute meningitis
Due to: no organism found
Due to: _____

Duration

1 week

Other conditions

(Includes pregnancy within 3 months of death)
Autopsy findings, Pul. Tbc. Tbc.

Major findings: meningitis, with intracranial pressure signs.
Of operations _____
Of autopsy Basilar meningitis

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 E. G. Mc Gowan (M. D. or other) _____
Address 634 N. Highland Date signed 3-23-44

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

96
P
3

Dr. Peter G. Danis,
634 N. Grand Ave.,
JE. 5055.
2-3 P.M.

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. Wilkinson

Licensed Embalmer No. 3575

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.