

FILED APR 20 1944  
Registration District No. 318

Primary Registration District No. ....

Registrar's No. 3279

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 3255 Enright  
(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

3. (a) PRINT FULL NAME Elizabeth M Meyer  
(b) If veteran, name war.....  
(c) Social Security No.....

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Louis F. 6. (c) Age of husband or wife if alive 36 years  
(Day) (Year)

7. Birth date of deceased. April 26 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 11  
If less than one day hr. min.

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

10. Usual occupation. Free

11. Industry or business.....  
12. Name Norman Redy  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Schmidt  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred J Utley  
(b) Address 5255 Enright  
17. (a) Burial (b) Date thereof April 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director William J. ...  
(b) Address 1936 St. Louis  
19. (a) APR 8 1944 (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 5255 Enright  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1944 hour 7 minute 15 A. M.  
21. I hereby certify that I attended the deceased from March 11, 1944, to April 7, 1944,  
that I last saw her alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Infarction  
Duration.....

Due to.....  
Due to.....

Other conditions Astoria, Seborea  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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) (a) Manner of injury.....  
23. Signature J. F. ... (M. D. or other).....  
Address 812 ... Date signed 4-7-44

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

Mr Geo F Remickman  
Arcade Bldg  
Room 957

**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.....

*Geo F Remickman*  
.....  
Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

**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.**