V. S. No. 2
100M—8-43
Rev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23256

Registration District No. FILED JUL 26 1944 318

Primary Registration District No. 1003

Registrar's No. 6327

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:
St. Johns Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis. 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5798 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna C. Meyer.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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 November (Month) 26 (Day), 1866. (Year)

8. AGE:

Years	Months	Days	If less than one day
77	7	20	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name John F. Meyer.
13. Birthplace Alsace Lorraine. 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna C. Fechtel.
15. Birthplace Alsace-Lorraine. 8 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. F. Volland.
(b) Address 5798 Pershing Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th. year 1944 hour 12.50 minute P. M.

21. I hereby certify that I attended the deceased from June 8, 1944 to July 16, 1944 that I last saw her alive on July 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exhaustion	
Due to Myelogenous Leukaemia	
Due to	
Other conditions Carbuncle of neck (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Daniel L. Sexton (M. D. ~~coroner~~)
Address 607 N. Grand (2) Date signed 7/17/44

(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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.