V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25726

Registration District No. FILED AUG 5 [redacted]

Primary Registration District No. 3066

Registrar's No. 1637

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U. S. Marine Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 003
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4566 Loughboro St., St. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x 0

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur Meyer
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased October 6, 1896 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laundress
11. Industry or business U.S.Marine Hospital, Kirkwood MO

FATHER
12. Name John Sept
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Clara Rathgems
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clinical Records of hospital
(b) Address Kirkwood, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director J.L.Ziegenhein & Sons
(b) Address 7027 Gravois Ave.
19. (a) AUG 3 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1944 hour 1:10 minute p.m.
21. I hereby certify that I attended the deceased from July 8th, 1944, to July 30th, 1944 that I last saw her alive on July 30th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bacterial Pericarditis	3 da.
Lobar Pneumonia, bilateral	3 da.
~~Due to~~	
Due to	
Other conditions Fracture -Intertrochanteric left Femur (Include pregnancy within 3 months of death)	22da

Major findings:
Of operations none
Of autopsy same as above, and Chronic fatty degeneration of Myocardium

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) x Accident 125
(b) Date of occurrence x 7-8-1944
(c) Where did injury occur? x U.S.Marine Hospital (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)
While at work? Yes (e) Means of injury Fracture left femur Fall

23. Signature W. P. Sellers (M.D. or other)
Address U.S.Marine Hospital, Kirkwood Date signed 7-31-44

W.P.Sellers, P.S.Surg., U.S.P.H.S

Sr. Surgeon, Med. Off. in Charge

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

707 (Licensed Embalmer's Statement on Reverse Side)

AUG 23 194

SEP 7 1944

AUG 24 1944

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grover's

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.