

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8032
Registrar's No. 2093

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution 4 Days
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 2815 Utah Street
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd, year 1945 hour 3: minute 50 A.M.
21. I hereby certify that I attended the deceased from 2-27-45 to 3-3-45
that I last saw her alive on 3-3-45 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Hobart Meyer 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December 25, 1899

Immediate cause of death acute appendicitis Duration 2 days
Due to 12 1/2

8. AGE: Years 45 Months 2 Days 6 If less than one day hr. min.

Other conditions Shuman apt - pt. search now making
Major findings acute appendicitis

9. Birthplace Austin, Texas
10. Usual occupation At Home

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

11. Industry or business
12. Name Rev. Julius H. Tegeler
13. Birthplace Concordia, Missouri
14. Maiden name Mrs. Marie Spilker
15. Birthplace St. Louis, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

16. (a) Informant Rev. Hobart Meyer
(b) Address 2815 Utah Street
17. (a) Burial (b) Date thereof March 6, 1945
(c) Place: burial or cremation Our Redeemer Luth. Cemetery

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) MAR 5 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

23. Signature Thos. H. ... (M. D. or other) M.D.
Address 3621 Grand Ave Date signed

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

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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Glen W. Katz*

Licensed Embalmer No..... *3737*

P. O. Address..... *1936 St. Louis Ave*

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.