S. No. 2
M—5-43
v. 5-17-39
I X36671

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. 38860

FILED DEC 28 1945

Registration District No. 018 Primary Registration District No. 1003 Registrar's No. 10930

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: 5626 Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5626 Vernon
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anny Aach

3. (b) If veteran, name war no

3. (c) Social Security No. 489-16-709

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alfred

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

7. Birth date of deceased July (Month) 20 (Day) 1905 (Year)

8. AGE: Years 40 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Waldrach (City, town, or county) Germany (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Joseph Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johana Erminn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Alfred Aach
(b) Address 5626 Vernon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Brith Sholom

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) DEC 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 31, 1945 to Dec 13, 1945
that I last saw her alive on December 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemangioblastoma of the brain	10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Hemangioblastoma of brain
Of autopsy none

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

23. Signature Herman M. Meyer (M. D. or other) M.D.
Address 603 Metropolitan Bldg Date signed 12/14/45

(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.....

Licensed Embalmer No. 1597

P. O. Address.....

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.