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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 665

FILED FEB 18 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 735

**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:
Good Samaritan Home, 4500 Washington Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)
In this community ?

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 12000

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

(d) Street No. 4500 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles H. Meyer

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

7. Birth date of deceased July 12, 1861 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 6 | 10 | hr. min. |

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

10. Usual occupation Housework

11. Industry or business _____

FATHER
12. Name George Babler
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Drexler
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Rev. J. F. Langhorst
(b) Address 4500 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 25 1946 (Date received local registrar) (b) J. T. Breeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 22nd year 1946 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to Jan 22 1946 that I last saw her alive on Jan 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 H. F. Bergman (M. D. or other) MD

Address 3720 Washington Date signed 1/23/46

(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.....Ralph Linders.....

Licensed Embalmer No.....7275.....

P. O. Address.....St. Louis, Mo.

**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.**