

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
907 N. Euclid Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Estella Meyer

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edmund Meyer 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Dec. 29th, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Joseph Mourot
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Bommerschein
(b) Address 1850 N. Talbot, Indianapolis, Ind.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) MAY 17, 1946 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 907 N. Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour Six minute 20 M.

21. I hereby certify that I attended the deceased from May 16, 1946
that I last saw her alive on May 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to
Due to

Other conditions
(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?

While at work? (Specify type of place) (c) Means of injury ①
23. Signature E. E. Kufstom (M. D. or other)
Address 3526 Washington Date signed 5/16/46

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 Philip M. Henry
Licensed Embalmer No. 3281

P. O. Address..... 4468 Washington Blvd. -8-

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.