

No. 2  
M-5-43  
5-17-39  
X36671

**FILED** JUL 22 1946  
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 hours**  
In this community **75 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Katherine A. Meyer**  
3. (b) If veteran, name war **none** 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 **late Henry Meyer** 6. (c) Age of husband or wife if alive, **3rd. 1865** years  
7. Birth date of deceased **August 3rd. 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 10 29** hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER  
12. Name **unknown**  
13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. A. J. Meyer**

(b) Address **4659 Moraine Ave.**

17. (a) **Burial** (b) Date thereof **7-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**  
(b) Address **2223 St. Louis Ave.**

19. (a) **JUL 2 1946** **J. F. Brederek**  
(Date received at registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2933a Greer Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd.**  
year **1946** hour **2:30 PM.** minute M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above

Immediate cause of death **fracture skull**  
**subdural hemorrhage of brain**  
**injured when descending well down**  
**due to flight of steps**  
**4th basement of her home**  
**2933 Greer Ave. on July 2**  
**1946 at about 11:00 a.m.**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **18**  
Of autopsy **18**

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 **Accident**  
(b) Date of occurrence **July 2, 1946**

(c) Where did injury occur **Home**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or in, in industrial place, in public place?

While at work? (Specify type of place)  
(e) Means of injury **6. down**

23. Signature **Patrick C Taylor** Date signed **7-5-46**  
Address **1300 Clark**

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 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.**