

S. No. 2
 M-5-43
 v. 5-17-39
 I X36871

FILED 1946
 1946
 318
 STANDARD CERTIFICATE OF DEATH

State File No. 35412
 Registrar's No. 8681

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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

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. 2903 Mc Namon Ave.
Memorial (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME IDA MILLER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 8th
 year 1946 hour 12:45 minute P M.
 21. I hereby certify that I attended the deceased from 9/3/46
 _____, 19____, to Oct. 8th, 1946
 that I last saw her alive on Oct. 8th, 1946
 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 widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 30 1883
(Month) (Day) (Year)

Immediate cause of death Respiratory heart disease
with failure
 Due to _____
 Due to _____
 Other conditions 93
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 11 Days 8
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER {
 12. Name Ernest Meyer 6
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Josana Wagner
 15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Rais Meyer
 (b) Address 2129 A. Allen av
 17. (a) Missouri, Germany Date thereof Oct 11/46
(Specify cremation, case-no.) (Month) (Day) (Year)
 (c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Thos. L. ...
 (b) Address 2946 ...
 19. (a) OCT 9 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy As above

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)
 (e) Means of injury _____
 23. Signature Robert E. Loch (M. D. or other)
 Address 1515 Lafayette Date signed 10/8/46

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..... *David Van Loon*
..... Licensed Embalmer No. *11262*
P. O. Address *A. Loon*

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.