

FILED DEC 17 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3404

1. PLACE OF DEATH: St. Louis
 (a) County Ballwin Rural
 (b) City or town Ballwin Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pine Crest Home 4 Ballwin, Mo.
 (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 Ida C. Meyer
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edward E. Meyer
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7 1869
 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name August Walther
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Meyer 4442 Minnesota ave
 (b) Address 4442 Minnesota ave, St. Louis, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 12-5-46 (b) Arthur J. Allen M.D.
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County C
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4442 Minnesota ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
 year 1946 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1946, to Dec. 2nd, 1946;
 that I last saw her alive on Dec. 2nd, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to Arteriosclerosis
 Due to Diabetes mellitus
 Other conditions 61
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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) _____
 _____ (e) Means of injury _____

23. Signature B. R. Loring (M. D. or other) MD
 Address Ballwin, Mo. Date signed 12-2-46

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 *Henry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.