S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11275

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2650

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: 5745 Vernon 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5745 Vernon Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELVA MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. 489-14-1996

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 5, 1904.
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days ~~10~~ 7 If less than one day hr. min.

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

10. Usual occupation Sale Lady

11. Industry or business

FATHER
12. Name Edward W. Meyer
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Helkamp
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Meyer
(b) Address 5745 Vernon Ave.,

17. (a) Cremation (b) Date thereof Mar. 14/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 13 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12
year 1904 hour 9.30 minute A.M. M.

21. I hereby certify that I attended the deceased from July 14, 1941 to Mar 12, 1947
that I last saw her alive on Mar 7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs.
Due to	
Due to	
Other conditions Chronic Alcoholism (Include pregnancy within 3 months of death)	15

Major findings:
Of operations
Of autopsy no

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 J. W. Hendrickson (M. D. or other) MD
Address 4500 Olive Date signed 3-13-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Henderlite
Lister Bldg., Fo. 3835
10-12 or 4-5 P.M.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address: 1125 Hodiamont 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.