

3. No. 2  
-12-45  
5-17-39  
#1 X47070

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County 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:  
Barnard Free Skin and Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community 1 year  
years, months or days)

3. (a) PRINT FULL NAME Louisa M. 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 Alfred Meyer  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 26 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 0 hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation (Unemployed) Housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Fried J. Brandt  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary S. Wehmeyer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustav Rupp  
(b) Address 4124 Wolbridge  
17. (a) Burial (b) Date thereof Apr 4 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stolpe, Mo.

18. (a) Signature of funeral director Calvin J. Frantz  
(b) Address 4878 Natl. Bridge Blvd  
19. (a) Apr 2 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0-00  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4124 Wolbridge Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 31  
year 1947 hour 11 minute 55 PM  
21. I hereby certify that I attended the deceased from March 26, 1947  
to March 31, 1947  
that I last saw her alive on March 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_  
Due to B  
Due to \_\_\_\_\_  
Other conditions Basal cell carcinoma skin of ear 4 15 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Basal cell carcinoma skin of ear left  
Of operations \_\_\_\_\_  
Of autopsy Gross findings have not substantiated which death should be charged to Coronary occlusion awaiting microscopic examination

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 Warren F. Smith (M. D. or other) MD  
Address Barnard Free Skin & Cancer Hosp. Date signed Apr 7 1947

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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 A. McLenan*  
Licensed Embalmer No. *4186*  
P. O. Address *St. Louis Mo.*

**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.**