

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH CROSS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19562**  
Registrar's No. **1060**

Registration District No. **317** Primary Registration District No. **3063**

1. PLACE OF DEATH:  
(a) County **St. Louis County**  
(b) City or town **Clanton, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 hours**  
(Specify whether  
In this community **20 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Leman**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **208 W. Felton**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lillian 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 **widow**  
6. (b) Name of husband or wife **John Meyer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2 18 1896**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **10th** year **1947** hour **8** minute **P** M.  
21. I hereby certify that I attended the deceased from **May 10th = 10:20 a.m., 1947, to May 10th - 8 P.M., 1947**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**91 2 22** hr. min.

Immediate cause of death **Terminal Bronchopneumonia** Duration **1 Day**  
Due to \_\_\_\_\_  
Due to **arterio-sclerotic heart disease** **3 years**  
Other conditions: **Arterio-sclerotic heart disease**  
(Include pregnancy within 3 months of death)

9. Birthplace: **Evansville Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
12. Name **Cox**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **hypertrophy of heart, bronchopneumonia, cardiac hypertrophy, arterio-sclerosis**

16. (a) Informant **James Meyer's son**  
(b) Address **208 W. Felton, Leman**  
17. (a) **BURIAL** (b) Date, thereat **5/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **mt Hale**  
18. (a) Signature of funeral director **Fendell Ind G**  
(b) Address **7420 Michigan**  
19. (a) **5-13-47** (b) **Bobbe? Shapton**  
(Date received local registrar) (Registrar's signature)

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 **H. Z. Atty** (M. D. or other) **M. P.**  
Address **601 Bradford St.** Date signed **5/10/47**

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

MOTHER FATHER

**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.....

*Oliver C. Lendler*

Licensed Embalmer No.....

P. O. Address.....

*4548  
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.