3. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25845
Registrar's No. 6853

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4593 Maffitt Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4593 Maffitt Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME DELLA R. MEYER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry F.
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May (Month) 11 (Day) 1895 (Year)

8. AGE: Years 52 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Ord J. Rhiver
13. Birthplace Mo. (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Mary Bell Carpenter
15. Birthplace DuQuoin Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Harry F. Meyer
(b) Address 4593 Maffitt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUL 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from Feb 10, 1940, to July 11, 1947, that I last saw h. alive on July 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	7 years
x Chronic glomerulo nephritis	2 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autops	

PHYSICIAN — Underline the cause of 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) 0
While at work? (Means of injury)
23. Signature H. F. Moore (M. D. or ~~other~~)
Address 9117-5018 Date signed 7-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Richard W. Stoversand

Licensed Embalmer No.....4007

P. O. Address.....

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.