S. No. 2
M—1/47
5-17-39

386

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25846

Registrar's No. 7353

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

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 City Hospital #1. Max C. Strakloff Mem.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4418 Virginia Avenue 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 15

If yes, name country

3. (a) PRINT FULL NAME EMMA MEYER

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Chrales

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

7. Birth date of deceased March 6, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	28	hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name William Berry
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Steel
(b) Address 4418 Virginia Avenue

17. (a) burial (b) Date thereof 8-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burgess, Cemetery Antonia, Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) AUG 6 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Central Apoplexy

Due to

Due to 83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? Means of injury 3

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 8-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

For Coroner's
Signature

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.....C. W. Cooper.....

Licensed Embalmer No.....B830.....

P. O. Address.....2301 Lafayette.....

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.