S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43324

FILED JAN 9 1948 318

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 11818

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

1. PLACE OF DEATH:

(a) County .....

(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: 3850 Kingsland Court
(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 Missouri (b) County 000

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

15 (d) Street No. 3850 Kingsland Court 9
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Helen 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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July (Month) 8 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	5	16	..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Work

11. Industry or business .....

FATHER
12. Name Robert Meyer
13. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Emma Billmeier
15. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Esther Meyer
(b) Address 3850 Kingsland Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem

18. (a) Signature of funeral director Wm C Morgan Jr
(b) Address 1926 Allen Av

19. (a) DEC 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1947 hour 11.30 minute P M.

21. I hereby certify that I attended the deceased from Dec 1 1947 to Dec 25 1947 that I last saw her alive on Dec 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cervix

Due to .....

Due to .....

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? ..... (e) Means of injury 0

23. Signature R Berg MD (M. D. or other)

Address 2253 Nebraska Date signed 12-26-47

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 me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Av. 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.