No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2844
Registrar's No. 312

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 St. John's Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4965 Lotus Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agnes V. 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 Otto Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 9, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	0	hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name John Schiller
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown Schultz
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Herbert Meyer
(b) Address 4965 Lotus Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 20 1946 to Jan 4 1948, that I last saw her alive on Jan 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive heart failure	36 hrs.
Due to Chr. hypertensive heart disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death) Chr. Nephrosis	years
Cerebral thrombosis 10/46	

Major findings:
Of operations —
Of autopsy 1/31

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

23. Signature (M. D. or other)
Address 2322 N. Kingshighway Date signed 1/10/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. A. McGuire (2-4)
2322 N. Kingshighway

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 Warren G. Carver

Licensed Embalmer No. 3534

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.