FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2850 492

FILED JAN 22 1948

Registration District No. 1003 Primary Registration District No. Registrar's No.

**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: Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/24/46 to 1/15/48 (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 (If outside city or town limits, write "RURAL") 17

(d) Street No.: 5800 Arsenal St. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: NELLIE 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

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

7. Birth date of deceased: April (Month) 10 (Day) 1869 (Year)

8. AGE: Years 78 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Michael McDonough

13. Birthplace: Ireland (City, town, or county) (State or foreign country)

14. Maiden name: Mary Higgins

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Records

(b) Address: 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Lawn Cemetery

18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary

(b) Address: 6464 Chippewa St.

19. (a) JAN 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 15 1948 that I last saw her alive on Jan 15 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary edema | 2 days |
| Due to: Terminal heart failure | |
| CHR MYOCARDITIS | |
| Due to: Senility and emaciation | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: NO
Of autopsy: no

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 0

23. Signature: W. P. Shelley (M. D. or other)

Address: 5800 Arsenal Date signed 1-16-47

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

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

## 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 Linus C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 So Broadw

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.