No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3347

FILED JAN 28 1948

Registration District No. ..... Primary Registration District No. ~~6076~~ 3066 Registrar's No. 150

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Nursing Home 4
(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 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4060 Cleveland 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Olivia Meyer

3. (b) If veteran, name war Female

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased December 25, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	1	21	..... hr. ..... min.

9. Birthplace Sweden 7
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Unknown Olson 4
13. Birthplace Sweden 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Vera B. Meyer
(b) Address 4060 Cleveland

17. (a) Burial (b) Date thereof 1-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) 1-19-48 (b) Earl A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1948 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from 8 Jan. 1948, to 15 Jan. 1948; that I last saw her alive on 15 Jan. 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	4 yrs.
Due to Hypertensive Cardiovascular Disease	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 [signature] (M. D. or other) M. D.
Address 243 W. Jefferson Kirkwood, Mo. Date signed 17 Jan. 48

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

DR. J. H. BARNETT
243 W. Jefferson.

County Hosp
allow room for burial permit

JAN 28 1948

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 J. W. Bunbley

Licensed Embalmer No. 3653

P. O. Address 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.