

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35125
8571

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 2930 OREGON		d. STREET ADDRESS (If rural, give location) 2930 OREGON	

3. NAME OF DECEASED (Type or Print) LOUISA	a. (First)	b. (Middle)	c. (Last) MEYER	4. DATE OF DEATH OCT 8 1950	(Month)	(Day)	(Year)
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 26 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME BERNARD VONDERHART	13b. MOTHER'S MAIDEN NAME MARY SCHAAB	14. NAME OF HUSBAND OR WIFE HENRY MEYER (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ANN GILLERIN	ADDRESS: 2930 OREGON
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis		12 yrs
ANTECEDENT CAUSES	DUE TO (b) Arteriosclerosis		12 yrs
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Chronic Intestinal Myopathy 9 yrs Hypertension 12 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from May 23, 1944, to Oct 8, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. P. Kerin M.D.	(Degree or title)	23b. ADDRESS 2730 Myrtle Ave	23c. DATE SIGNED 10/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OCT 11 1950	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CH.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. OCT 10 1950	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2806 Broadway Ave.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Homer C Dull

Licensed Embalmer No. 4347

P. O. Address 2906 Braver

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.