REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26859
Do not use this space.

791
1003
6873

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No.

2. PRINT FULL NAME Minnie A. Meyrer 660
(a) Residence, No. 6551 Oleatha Ave. St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Louis E. Meyrer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Illinois

FATHER
13. NAME John Burckly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Christine Ruedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Freda M. Shields 6551 Oleatha Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 8-2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED AUG 2 1938 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 31, 1938
I last saw her alive on July 31, 1938. Death is said to have occurred on the date stated above, at 1:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyp. Stat. Pneumonia	7/28/38

Other contributory causes of importance: Fracture of left hip July 5 1938

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 5, 1938
Where did injury occur? 6551 Oleatha Av. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home - slipped on oil - basement garage
Manner of injury Fall on left hip
Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Antoine Hall 4, M. D.
(Address) 1625 Tower Grove Av

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.