

Registration District No. 791

Primary Registration District No.

WRITE PLAINLY—USE 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:
4064a Castleman Ave. 2
(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)

8. (a) PRINT FULL NAME Anna Meyerhoff. 610

8. (b) If veteran, name war No. 8. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased May 9th. 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 25 hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

12. Name Frederick Meyerhoff. 6

13. Birthplace Germany. 6
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Fricke.

15. Birthplace Germany. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Schneider

(b) Address 4064a Castleman Ave.

17. (a) Burial (b) Date thereof 8-7-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director By Leidner and Co

(b) Address 2223 St. Louis Ave.

19. (a) AUG 5 1940 (b) J. B. Friedrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4064a Castleman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from June 7, 1940, to Aug. 4, 1940;
that I last saw her alive on Aug. 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Hypostatic Pneumonia 2 days
Chronic Myocarditis weeks

Due to _____

Due to _____

Other conditions Chronic Hypertrophic Arteriosclerosis weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 8-7-40

(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? 844

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. A. Bailey (M. D. or other) M.D.

Address 2607 So. Grand Date signed 8-5-40

Pa 5172
2002 J. Howard

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.....
working under my personal supervision.

Signed Walter L. Ponder

Licensed Embalmer No. 3867

P. O. Address 2323 St. Louis

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, above space should be left blank..

SEP 3 2002