No. 2
-10M
7-
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27148

FILED SEP 25 1940

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7044

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: CENTRAL Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether years, months or days)

In this community 15 Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis

(c) City or town RIVERVIEW GARDEN (If outside city or town limits write "RURAL")

(d) Street No. 9951 JEFFERY DR. NR (If rural, give location)

(e) If foreign born, how long in U. S. A.? 53 years.

3. (a) PRINT FULL NAME TRIEMA MEYER 6 to 0

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased FEB. (Month) 23 (Day) 1887 (Year)

8. AGE: Years 53 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business —

MOTHER FATHER

12. Name WILLIAM BRAUN

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

14. Maiden name MINIE BOLLMAN

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

16. (a) Informant Emil Meyer

(b) Address 9951 Jeffery Dr.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 20-1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ BETHLEHEM CEM.

18. (a) Signature of funeral director Frederick F. Hamm

(b) Address 4319 Halls Ferry Rd.

19. (a) AUG 20 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 5, 1940, to Aug 17, 1940; that I last saw h. alive on Aug 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	7
Due to: Cerebellar tumor (Unknown as to malignancy)	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): S/A	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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

23. Signature [illegible] (M. D. or other)

Address 5201 N. Broadway Date signed 8/19/40

(Licensed Embalmer's Statement on Reverse Side)

H. Haughton

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. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington

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

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