

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4963 Magnolia
(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)

3. (a) PRINT FULL NAME Pauline C. MEYER

3. (b) If veteran, name war _____ (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 Herman Meyer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1, 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Cohnberg

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. Parks

(b) Address 4963 Magnolia

17. (a) Burial (b) Date thereof 5/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bj. Nat. Amone

18. (a) Signature of funeral director Wagner

(b) Address 4356 Lindell Blvd

19. (a) MAY 13 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4963 Magnolia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? over 50 years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10
1941, to May 11 1941;
that I last saw h.e.r. alive on May 11 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 years
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature R. S. Taylor (M. D. or other) 0

Address 7161 Delmar Date signed May 13 1941

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

00
17
9

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.....

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.