V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29008

Registrar's No. 8213

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: 3933 Wyoming Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 16 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3933 Wyoming Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Bertha Meyer

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Rudolph Meyer

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

7. Birth date of deceased February 16, 1861
(Month) (Day) (Year)

8. AGE: Years 81 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Tirringen (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Franz Dittmar
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Amelia Greiner
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Herman Meyer
(b) Address 3933 Wyoming Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1942 hour 12 minute Midnite M.

21. I hereby certify that I attended the deceased from Oct 20, 1937 to Oct 1, 1942
that I last saw her alive on Oct 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic Auricular Fibrillation	
Due to Contributory causes. 1. Arteriosclerosis.	
Due to 2. Senile dementia	2 yrs.
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. H. Schoetker (M. D. ~~or other~~)

Address 5401 2 Gravois Date signed Oct 3 1942

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Schaetker
5401a Gravois
1-3

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.

APR 21 1952

Signed G. U. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.