

FILED FEB 10 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:
1710 Grape Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 38 years
 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Martha Meyer

3. (b) If veteran, name war.....
 3. (c) Social Security No.....

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. Sept. 19 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	4	18	hr. min.
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9. Birthplace Leavenworth Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Michael Meyer

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

14. Maiden name Maria Ham

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

16. (a) Informant William Jung
 (b) Address 1710 Grape Ave.

17. (a) Burial (b) Date thereof Feb. 10, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Fun'l Home Inc.
 (b) Address 1936 St. Louis Ave.

19. (a) FEB 9 1943 (b) J. F. Bredenk.
 (If not received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1710 Grape Ave.
 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 10, 1942
 to Feb 7, 1943
 that I last saw her alive on Feb 7, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Disturbance

Due to Carcinoma of breast gland

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations see report

Of autopsy see autopsy

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?

23. Signature William J. Hirsch (M. D. or other) W. J.
 Address 3500 N. Grand Date signed 2/10/43

Duration

2 days

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

W
Office hrs
11-12 6-7
3500 N. Grand
ST. LOUIS, MO

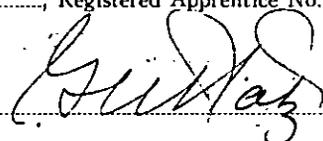
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.