S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36559

FILED NOV 22 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9494

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:
4045 Nebraska Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ORD 17

(c) City or town St. Louis 615
(If outside city or town limits, write "RURAL")

(d) Street No. 4045 Nebraska Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Harry

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 16, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	19	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Meyer
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Hirth
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harry Wilson
(b) Address 4045 Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. J.B. Mo.

18. (a) Signature of funeral director Schumacher Mud Co.
(b) Address 3013 Meramec St.

19. (a) NOV 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1944 hour 3 PM minute — M.

21. I hereby certify that I attended the deceased from ~~Nov~~ Oct 30th, 1944, to Nov 4, 1944
that I last saw her alive on Nov 4th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis 4 Month

Due to

Due to 130

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A A Gebhardt (M. D. ~~or other~~)
Address 3438 Chippewa Date signed 11/4/44

(Licensed Embalmer's Statement on Reverse Side)

9494

9494

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo.

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.