

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2881

FILED JAN 27 1947  
318

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

387

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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Weeks  
In this community \_\_\_\_\_  
years, months or days

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. 4448 Floriss Pl  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1947 hour 11 minute 40 P.M.  
21. I hereby certify that I attended the deceased from July 1942  
19... to Jan. 11 1947  
that I last saw her alive on Jan. 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myelogenous leukaemia 4 Mo.  
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.

3. (a) PRINT FULL NAME Edna S. 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: August 11 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 5 0 hr. min.

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

10. Usual occupation Secretary

11. Industry or business International Shoe Co

12. Name William Meyer

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Eve Hofmann

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Meyer

(b) Address 5811 Cabanne

17. (a) Burial (b) Date thereof Janu. 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat. Bridge Blvd

19. (a) JAN 13 1947 (b) J. F. Bruesch  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

020  
917  
9  
0

Handwritten initials/signature

M.D.  
Jan 13  
1947

Heavenly 10 H. I.  
4515 1-5-80 PM

---

---

**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 Ralph C. Lindus  
Licensed Embalmer No. 4275  
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.**