

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2883

State File No.

FILED FEB 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 865

1. PLACE OF DEATH:

(a) County.....

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DEACONESS HOSPITAL: 0
(If not in hospital or institution, write street number or location)

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

In this community LIFE:
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County 0001

(c) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL") 1717

(d) Street No. 3954 FLORA PLACE:
(If rural, give location) 9

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

If yes, name country.....

3. (a) PRINT FULL NAME LEOLA MAE DOUGLAS MEYER.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 24th
year 1947. hour 9 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ADOLPH C. MEYER 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased JULY 30 1875.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from a year or more ago to Jan 24 1947
that I last saw h. alive on Jan 24 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>24</u>	hr. min.

Immediate cause of death Coronary thrombosis with infarction
Due to Coronary disease
Duration about 1 day
Due to indefinite

9. Birthplace SAINT LOUIS MISSOURI.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

Major findings:
Of operations.....

11. Industry or business.....

MOTHER FATHER { 12. Name GEORGE DOUGLAS

13. Birthplace SAINT LOUIS MISSOURI.
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA ANN OLSEN

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

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS GEORGE F. RENDLEMAN

(b) Address 532 MIDVALE AVE: U. CITY, MO

17. (a) BURIAL (b) Date thereof JAN 28/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE MAUSOLEUM.

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?.....

18. (a) Signature of funeral director C. R. LIPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) JAN 27 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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

23. Signature John Luten (M. D. or other) 0

Address St Louis Mo Date signed 1-25-47

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

*3770 Washington
9E 2866*

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 *Raymond L. Morris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood, N.J.*

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.