No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

6703

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1031

Registration District No. 318 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: Lutheran Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

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. 3820 Meramec Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Meyer
3. (b) If veteran, name war ---
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased January 15th, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation home
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Carrie Schneider
(b) Address 3820 Meramec, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker-Hellerle Undt. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) JAN 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th year 1947 hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from Jan 30 1947, 19..., to Jan 29, 19 47; that I last saw her alive on Jan 28, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
108

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:
(c) 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 O
23. Signature Bert H. Klaus (M. D. or other) MD
Address 2628 Kingshighway Date signed 1-30-47

(Licensed Embalmer's Statement on Reverse Side)

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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.....Frank J. Orland

Licensed Embalmer No. 2445

P. O. Address.....St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.