

FILED FEB 24 1947

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **3717 S. Jefferson**
(If not in hospital or institution, write exact number of block)
(d) Length of stay: In hospital or institution **3** (Specify whether years, months or days)
In this community **3** years, months or days

3. (a) PRINT FULL NAME **Helen L. Traxel**

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 **M.** /

6. (b) Name of husband or wife **Jacob** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **May 16, 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **8** Days **25** If less than one day hr. min.

9. Birthplace **Belleville Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Nicholas Meyer**

13. Birthplace **Belleville Ill.** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Boss**

15. Birthplace **Belleville Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Jacob C. Traxel**

(b) Address **3717 S. Jefferson**

17. (a) **Cremation** (b) Date thereof **Feb. 11, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Crematory

(c) Place: burial or cremation **Jay B. Smith Fun. Home**

18. (a) Signature of funeral director **J. F. Predeck**

(b) Address **7456 Manchester, Maplewood Mo.**

19. (a) **FEB 17 1947** (Date received by registrar) **J. F. Predeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3717 S. Jefferson Ave.** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11** year **1947** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to.....
Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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?

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

23. Signature **Thomas F. Callaway** (M.D. or other) **3**

Address **Coroner** Date signed **2-13-47**

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.