

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

FILED NOV 28 1947

State File No.

Registrar's No. 10573

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALICE MCGOWEN MEYER.  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Otto Paul Meyer.  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 12  
(Month) (Day) (Year)

8. AGE: Years 74  
Months  
Days  
If less than one day hr. min.

9. Birthplace Grand Rapids, Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business  
12. Name John W. MacGowen.  
13. Birthplace Harrisburg, Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances M. Atkins.  
15. Birthplace Ontario, Canada.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. W. Morris, Jr.  
(b) Address 2 Brentmoor Park.  
17. (a) Entombment (b) Date thereof 11-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons.  
(b) Address 7233 Delmar Blvd.  
19. (a) NOV 17 1947 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clayton, 96  
(c) City or town Clayton, 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 2 Brentmoor Park, 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14  
year 1947 hour 7 minute 00 A.M.  
21. I hereby certify that I attended the deceased from November 13  
1947, to November 14, 1947  
that I last saw her alive on November 14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Due to Arteriosclerosis of coronary arteries  
Due to  
Other conditions Carcinoma of breast - radical mastectomy 12 yrs ago  
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:  
(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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature R. M. Counts (M. D. or other)  
Address Barnes Hospital Date signed 11/14/47

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

REGISTERED APPRENTICE

**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.