

No. 2
12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43766

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2657

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Berliner Home - Ashby & Thorpe Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 months
(Specify whether years, months or days)

In this community 23 months

3. (a) PRINT FULL NAME Anna E. Meyer

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward G. Meyer, deceased

6. (c) Age of husband or wife if years

7. Birth date of deceased September 6, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Lemke

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Helen Kretzer

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

16. (a) Informant Ralph W. Meyer

(b) Address 9923 Niblic-Overland, Mo.

17. (a) burial (b) Date thereof Dec 22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

18. (a) Signature of funeral director H. C. Dallmeyer & Son

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 12-23-47 (b) Centy Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 823 North Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec - 19, 1947,
that I last saw her alive on Dec - 19, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia 3 days
Duration

Due to Cause of birth year

Due to DO

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 DO

23. Signature Roy C. Hallock (M. D. or other) _____
Address 2438 Madison Rd Date signed 12-23-47

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph F. Landolt
Licensed Embalmer No. 4189
P. O. Address St Charles 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.