S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14435

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4003

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 5331 LINDENWOOD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 85 YRS. 4 MO.
years, months or days)

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. 5331 LINDENWOOD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

000
17
9
0
14

3. (a) PRINT FULL NAME LOUISA MEYER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife FREDERICK MEYER
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased OCT. (Month) 29 (Day) 1863 (Year)

8. AGE: Years 84 Months 5 Days 27 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HENRY TITKEMEIER
13. Birthplace UNK (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) UNK (State or foreign country)

16. (a) Informant HENRY MEYER
(b) Address 2144 FARRAR
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM
18. (a) Signature of funeral director SUEDMEYER SONS
(b) Address 3934 N. 20TH ST.
19. (a) APR 28 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26TH year 1948 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 1947, to April 1948, that I last saw her alive on April 26 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	1 Week
Due to: Auricular Fibrillation	2 years
Due to: Rheumatic Heart	10 years
Other conditions (Include pregnancy within 3 months of death): Obesity	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other) M.D.
Address 5205 Chippewa Date signed 4/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Frohwitter

Licensed Embalmer No. 3696.

P. O. Address 3934 N. 20th ST.

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.