FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21155

FILED JUN 28 1948 [redacted]18

Registration District No. [redacted]

Primary Registration District No. 1003

Registrar's No. 5619

1. PLACE OF DEATH:
(a) County
(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 1900 Garden Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 Buchanan 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Meyer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 4 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 17 If less than one day hr. min.
9. Birthplace Florissant, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name William Meyer
13. Birthplace German 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Helen Meyer
15. Birthplace Florissant, Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Vincent Meyer
(b) Address 1900a Garden Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sacred Heart Cem
18. (a) Signature of funeral director Edward Koch & Son
(b) Address 3516 N. 14th
19. (a) JUN 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1948 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 10 1948, to June 21 1948, that I last saw her alive on June 17 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage apoplexy	1 day
Due to Myocarditis & hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within months of death) Injured 2 wks ago — fell on stairs & bruised	

Major findings:
Of operations
Superficial injury
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 injury June 10 1948
(c) Where did injury occur? St. Louis (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury accident
23. Signature John C. Crearne (M. D. or other) M.D.
Address 2504 N. 14th St. Date signed 6-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 Ronald Jahnke

Licensed Embalmer No. 3917

P. O. Address .....

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.