

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21437

State File No. 4897

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis - Mo</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys</b>				d. STREET ADDRESS (If rural, give location) <b>1534 Marcus</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hildegard D</b> b. (Middle) <b>Meyer</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6 1949</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 6 1902</b>		9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WM Pauly</b>		13b. MOTHER'S MAIDEN NAME <b>Sophy Seep</b>		14. NAME OF HUSBAND OR WIFE <b>Norman Meyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kathryn Hartman</b> ADDRESS <b>2623 Wyoming</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Gall Bladder into Abdomen and into Bowel</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Cholecystitis + Lithiasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>May 5 1949</b>	
19a. DATE OF OPERATION <b>5-14-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>as above</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>126</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>584X</b>			
22. I hereby certify that I attended the deceased from <b>April 23, 1949</b> , to <b>June 4, 1949</b> , that I last saw the deceased alive on <b>June 3, 1949</b> , and that death occurred at <b>2A:</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>5417 So. Grand Blvd</b>		23c. DATE SIGNED <b>6/4/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-6-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		
DATE REC'D BY LOCAL REG. <b>JUN 6 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wingbermuehle</b> ADDRESS <b>3819 S Grand blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

4897

nam

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 me

Student Embalmer No. ~~4077~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

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.