

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43096
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 / 1003**
 (b) Township Primary Registration District No. Registered No. **11346**
 (c) City **St. Louis** (d) Street No. **De Paul Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alfred Henry Meyer
 (a) Residence, No. **6100 Westminster** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Constance Meyer**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1 - 1870**
 7. AGE YEARS **67** MONTHS **7 1/2** DAYS **7** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Reliance Life**
 10. Date deceased last worked at this occupation (month and year) **Dec. 1937** 11. Total time (years) spent in this occupation **17**
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Labadie, Mo.**
 FATHER 13. NAME **Alfred W. Meyer**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Le Bielefeld Germany**
 MOTHER 15. MAIDEN NAME **Emelia Mueller's**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Augusta Mo.**
 17. INFORMANT (ADDRESS) # **Mrs Schageman 6100 Westminster**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem** DATE **12-10-37**
 19. FUNERAL DIRECTOR (ADDRESS) # **R. R. R. & Sons 449 Olive Street**
 20. FILED **DEC 9 1937** **J. J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 8 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **1932** to **Dec 8 1937**
 I last saw him alive on **Dec 7 1937**. Death is said to have occurred on the date stated above, at **9:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Coronary disease (Thrombosis)
 Date of onset ?
 Other contributory causes of importance:
Arterio-sclerotic degeneration
 Date of onset ?
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **no**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **R. J. B. B. B.** M. D.
 (Address) **5727 Delmar Blvd.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. Ross B. Bennett
5427 Helman
76 0397

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E. 390510

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. T. Lupton
Licensed Embalmer No. 2122

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.)