

JAN 12 1940 791
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**

- (a) County 1
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 Days
 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Phillip Meyer 6608. (b) If veteran, name war _____ 8. (c) Social Security No. 494-10-79264. Sex Male 5. Color or race White 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 Oct. 2, 1900
(Month) (Day) (Year)8. AGE: Years 39 Months 2 Days 14 If less than one day
hr. _____ min. _____9. Birthplace Addieville, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Machinist11. Industry or business Electrical12. Name Bernard Meyer13. Birthplace Addieville, Ill.
(City, town, or county) (State or foreign country)14. Maiden name Missie Vogelpon
(City, town, or county) (State or foreign country)15. Birthplace Addieville, Ill.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Richard Meyer(b) Address Belleville, Ill.17. (a) Removal (b) Date thereof 12/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Addieville, Ill.18. (a) Signature of funeral director: John Pender(b) Address Belleville, Ill.19. (a) Dec 18 1939 (b) J. P. Budeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5028A Delmar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16,
year 1939 hour 8:15 minute A.M.21. I hereby certify that I attended the deceased from December 1, 1939, to December 16, 1939;
that I last saw him alive on December 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Broncho pneumoniaDue to Peritonitis Medicamentosa

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 107a

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 _____

28. Signature Geo. M. Pike (M. D. or other) _____Address 1515 Lafayette, 12/16/39
Date signed

108729

108701

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

....., Registered Apprentice No.
working under my personal supervision.

Signed Bern H. Baldursi

Licensed Embalmer No. 2420

P. O. Address: C. Harris Ill

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, above space should be left blank.