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 S. No. 2
 -11-10-39
 5-17-39
 -I X21492

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

8132
 State File No. _____
 Registrar's No. 366

Registration District No. 784 Primary Registration District No. 109

FILED MAR 7 - 1940

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Maplewood, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maplewood Nursing Home.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days. 3
 (Specify whether years, months or days) 60 Years.

3. (a) PRINT FULL NAME Frank Meter. 360
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Meter. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 24, 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 26 hr. _____ min.

9. Birthplace Illinois. _____
 (City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business _____
 12. Name Philip Meter.
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Teresa Stauder.
 15. Birthplace Illinois.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara Fluegger
 (b) Address 3742 S. St. Louis Ave.

17. (a) Burial (b) Date thereof Feb. 23-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Euclid Blvd.

19. (a) FEB 21 1940 (b) J. R. Meyer D. M. H.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Maplewood, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2200 Brepell Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1940 hour 12 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb. 9 1940 to Feb. 20 1940
 that I last saw him alive on Feb. 19 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency Duration 2 1/2 hours
 Due to Arteriosclerosis
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 946
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
 (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 _____

23. Signature Dr. J. F. Rief (M. D. or other) _____
 Address 7465 Hazel Date signed 2/24/40

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

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.