

SEP 25 1940
Registration District No. 791Primary Registration District No. 1003Registrar's No. 7077

1. PLACE OF DEATH:

(a) County _____
 (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; or
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Frederick W. Meyer (last)3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Enrietta Meyer 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased Sept. 8th 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 11 12 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Insurance Salesman11. Industry or business Retired 10 Yrs.MOTHER FATHER { 12. Name William Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Henrietta Meyer(b) Address 5322 Neosho St.17. (a) Burial (b) Date thereof 8-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hiram Cemetery18. (a) Signature of funeral director Kriegshauser Mortuary(b) Address 4228 So. Kingshighway Blvd.19. (a) AUG 21 1940 (b) J. D. Brantley
(Date of local registration) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5322 PENN
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1940 hour 9 minute 30 P.M.21. I hereby certify that I attended the deceased from
August 14, 1940, to August 20, 1940
that I last saw him alive on August 20, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Esophagus
with probable perforation and
Mediastinitis Duration _____Due to Cervical Abscess
Arteriosclerotic heart diseaseDue to with Auricular Fibrillation
Terminal Pneumonia, BronchoOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations Hb

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:

(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? _____

23. While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature H. R. Bierman, M.D. (M. D. or other)Address BARNES HOSPITAL Date signed _____

JUN 20 1957

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.....

Licensed Embalmer No. 3024

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, above space should be left blank.