No. 2
-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30557

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7834

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 2 mos. 15 days (Specify whether years, months or days)

In this community 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. ~~2103 Bissell~~ 5400 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME August Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Madeline Hurtmeyer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 3- 29-1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner 0

11. Industry or business 0

MOTHER FATHER
12. Name August Meyer
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Deck
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. Deggendy
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles,

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 20 1940 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17 year 1940 hour 8:00 minute a.m. M.

21. I hereby certify that I attended the deceased from July 3, 1939, 19 to Sept. 16, 1940; that I last saw him alive on Sept. 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Arteriosclerotic 8-22-40x	
Due to Pulmonary Congestion 8-22-40	
Due to Cerebral Thrombosis 7-1-39x	
Other conditions no pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

82

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 5400 Arsenal Date signed 9-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank G. Stone

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.