

No. 2  
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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8671**  
Registrar's No. **2081**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since Birth** (Specify whether)  
In this community **Since Birth** (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME **Joseph Meyer**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Julia Bates**  
6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **July 6 1887**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **7** Days **28**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Ground Keeper Sportsman Park**

11. Industry or business \_\_\_\_\_  
12. Name **Joseph Meyer**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Not Available**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Julia Bates**  
(b) Address **642 Clarence Avenue**

17. (a) **Burial** (b) Date thereof **Mar. 6, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**  
(b) Address **2161 East Fair Avenue**

19. (a) **MAR 5 1941** (b) **J. H. Briedeck**  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **642 Clarence Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **4**  
year **1941** hour **4** minute **4:50 A.M.**

I hereby certify that I attended the deceased from **February 17**, 19**41**, to **March 4**, 19**41**;  
that I last saw him alive on **March 2**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Duration **2 year**

Due to **Rheumatic History**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **L. P. Davison** (M. D. or other) **M. D.**  
Address **2219 da Jefferson Ave** Date signed **3/4/41**

(Licensed Embalmer's Statement on Reverse Side)

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

0  
7  
9

FS

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. *2967*

P. O. Address *St. Louis, Mo.*

**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, fact should be so stated above.**