

S. No. 2
1-14-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19819

State File No. _____

Registrar's No. **5268**

JUN 29 1942 791
Registration District No. _____

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:
3915 Schiller Place /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3915 Schiller Place** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Arthur Meyer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **489-22-1269**

4. 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 **May 14, 1920**
(Month) (Day) (Year)

8. AGE: Years **22** Months **1** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **New Franklin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Candy Maker**

11. Industry or business _____

12. Name **Wm. Meyer**

13. Birthplace **Marine Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Reising**

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

16. (a) Informant **Mrs. Anna Meyer**

(b) Address **3915 Schiller Place**

17. (a) **Burial** (b) Date thereof **June 19, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cm.**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**

(b) Address **2201 S. Grand St.**

19. (a) **JUN 18 1942** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16** year **1942** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound to chest, self inflicted at his home 3915 Schiller Pl. on June 16, 1942 exact time unknown while suffering from temporary mental aberration.** (Duration)

Other conditions _____ (Include pregnancy within months of death)

Major findings: _____
Of operations _____
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) **Suicide**
(b) Date of occurrence **June 16, 1942**
(c) Where did injury occur? **St. Louis Mo.** (City or town) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Home**

While at work? _____ (Specify type of place)
(e) Means of injury **3**

23. Signature **Thomas J. Callahan** (M. D. or other)
Address **Deputy Coroner** Date signed **6/19/42**

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

00
170
9

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. 3722

P.O. Address. 412 Duchouquette St.

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.