

FILED OCT 21 1942  
 Registration District No. **378**

Primary Registration District No. ....

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

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:  
**Barnard Skin & Cancer Hospital.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 Days.** (Specify whether  
 In this community .....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**  
 (c) City or town **St. Louis.** (If outside city or town limits, write "RURAL")  
 (d) Street No. **1437 Clinton St.** (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Benjamin E. Meier r.**

3. (b) If veteran, name war No. .... 3. (c) Social Security No. **488-07-2597**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

7. Birth date of deceased **December 8 1875**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>10</b>	<b>1</b>	.....hr. ....min.

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

10. Usual occupation **Variety Sawyer**

11. Industry or business **Herkert & Meisel Trunk Co**

12. Name **Herman Meier**

13. Birthplace **Germany.** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Unknown.**

15. Birthplace **Unknown.** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **William F. Meier**

(b) Address **204 N. Felton, LaMay, Mo.**

17. (a) **Burial** (b) Date thereof **10-12-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **OCT 12 1942** (b) **J. F. Bredack**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9th.**  
 year **1942** hour **9** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 3,** 19 **42** to **Oct. 9,** 19 **42**  
 that I last saw him alive on **Oct. 9,** 19 **42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Squamous cell Ca. rt. tonsil</b>	<b>2 1/2 yrs.</b>
<b>5. carcinoma in right cervical glands</b>	<b>6 yrs.</b>
Due to <b>Healed pulmonary tuberculosis</b>	<b>?</b>
<b>Bilateral diffuse broncho-pneumonia</b>	<b>5 days</b>
Due to <b>with abscess formation</b>	

Other conditions limiting incapacity within 3 months of death

Major findings: **Complete right neck dissection on 10-6-42. Recurrent Ca. grossly.**  
 Of autopsy **Bilateral diffuse broncho-pneumonia & abscess formation.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 .....  
 23. Signature **Frank J. Gidd** (M. D. or other) **md**  
 Address **Barnard Skin & Cancer Hospital** Date signed **10-10-42**

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

**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.**