. S. No. 2
0M—5-42
v. 5-17-39
I X32873

765

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32235

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9006

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 239
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 St. Vincent
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRED MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. 202-12-6355

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 26 (Day) 1889 ~~1942~~ (Year)

8. AGE: Years 53 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Bismark, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Switchman

11. Industry or business T.R.R .A.

FATHER
12. Name Fred Meyer
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Amanda Hines,
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Pearl Meyer
(b) Address 2837 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. M. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) OCT 29 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th year 1942 hour 12 minute midnight 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 Fracture of skull, subdural and Extradural hemorrhage of Brain when he was found lying in the Gutter in front of 2705 St. Vincent Ave about 7:00 A.M. Oct 26 1942

Due to Cause & manner of same could not be determined

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1939
Of autopsy 1944 Pending

Duration

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) Open Verdict

(b) Date of occurrence Found Oct 26 1942

(c) Where did injury occur? Unknown (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown (Specify type of place)

While at work? Unknown (e) Means of injury Unknown

23. Signature Thomas F. Callan (M.D. or other)

Address Deputy Coroner Date signed 10/29/42

(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. Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.