

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **1894**

FILED MAR 10 1943 18  
Registration District No. ....

Primary-Registration District No. **1003**

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

**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:  
**Alexian Brothers Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **21 days**  
(Specify whether  
 In this community **40 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2526a South Broadway**  
(If rural, give location)  
 (e) Citizen of foreign country? **--** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **John G. Meyer**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **488-03-9040**

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 **December 7, 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>2</b>	<b>17</b>	hr. min.

9. Birthplace **Mascoutah, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **St. Louis Cooperage**

11. Industry or business **Retired 3 years**

12. Name **John G. Meyer**

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

14. Maiden name **Minnie Brueckmann**

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

16. (a) Informant **Louis Meyer**

(b) Address **2526a South Broadway**

17. (a) **Burial** (b) Date thereof **3 1 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Wm. Haldick Und. Co.**

(b) Address **3634 Gravois Avenue**

19. (a) **MAR 22 1943** (b) **J. F. Brueckmann**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **February** day **24**  
 year **1943** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **6/11/40** to **2/24/43**  
 that I last saw him alive on **2/27/43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of nose (Internal)**

Due to **Chrom. Myocarditis** 39 years  
**Arterial sclerosis** 39 years

Due to **55**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Wm. Haldick** (M. D. or other) \_\_\_\_\_  
 Address **3750 Gravois Ave** Date signed **2/26/43**

Duration  
 1 Year  
 39 years  
 39 years  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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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 Robert Wheeler

Licensed Embalmer No. 2178

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.**