

#22368

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39620

FILED DEC 27 1944 318

Primary Registration District No. 1003

Registrar's No. 10671

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether  
 In this community 0  
years, months or days)

3. (a) PRINT  
FULL NAMEGeorge Meyer

## 3. (b) If veteran,

name war Unknown

## 3. (c) Social Security

No. Unknown

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

6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 5 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 5 4  
hr. min.

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

10. Usual occupation News Vender

## 11. Industry or business

MOTHER FATHER { 12. Name John Meyer  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Eura Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Public Administrator  
 (b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 12-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery(a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1944 (b) J. F. Bredek  
(Date received local registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 819 Market St.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th  
 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/5/44  
 to Dec. 9th 1944  
 that I last saw him alive on Dec. 9th 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension

Due to

Other conditions  
(Include pregnancy within 3 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)  
 (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? 0 (Specify type of places) (e) Means of injury

23. Signature E. L. Bruner (M. P. number)  
 Address 1515 Lafayette 12/11/44  
Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

119  
118

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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 *Albert G. Hofpke*.....

Licensed Embalmer No..... *2971*

P. O. Address.....

**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.**