

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8028**
Registrar's No. **2951**

Registration District No. **818**

1. PLACE OF DEATH: **St. Louis**
(a) County
(b) City or town
(c) Name of hospital or institution: **5955 Drury Lane**
(d) Length of stay: In hospital or institution
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED: **1000**
(a) State: **Missouri** (b) County: **17**
(c) City or town: **St. Louis**
(d) Street No.: **5955 Drury Lane**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: **Andrew J. Meyer**
3. (b) If veteran, name war: **No**
3. (c) Social Security No.: **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **1** year **1945** hour **8** minute **30 A** M.
21. I hereby certify that I attended the deceased from **4-1-45** to **April 1 1945**
that I last saw him alive on **9 months 27 1945**
and that death occurred on the date and hour stated above.

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Widowed**
6. (b) Name of husband or wife: **Emma Meyer** 6. (c) Age of husband or wife if alive: **29** years
7. Birth date of deceased: **November 29 1853**
(Month) (Day) (Year)

Immediate cause of death: **General arteriosclerosis**
Due to: **97**

8. AGE: Years **91** Months **4** Days **2** If less than one day hr. min.

Other conditions: **Knowledge from Post-mortem test of heart**
Major findings: **Heart embolism**
Of operations: _____
Of autopsy: _____

9. Birthplace: **Pittsburgh Pennsylvania**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Retired**

11. Industry or business: _____
12. Name: **John Meyer**
13. Birthplace: **Bohemia**
(City, town, or county) (State or foreign country)
14. Maiden name: **Bertha Zika**
(City, town, or county) (State or foreign country)
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant: **Rev. Julian Meyer**
(b) Address: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Burial** (b) Date thereof: **4/4/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Calvary**
18. (a) Signature of funeral director: **Stroot-Carroll**
(b) Address: **4600 Natural Bridge Ave.**
19. (a) **APR 2 1945** (b) **J. F. Redek**
(Date received local registrar) (Registrar's signature)

23. Signature: **Wayne G. Sore** (M. D. or _____)
Address: **2739 No. Grand** Date signed: **4-1-45**

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

MOTHER, FATHER

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.....

Gustav W. Dietrich

Licensed Embalmer No.....

4329

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.