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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

6956

State File No. 0

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 278

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

1. PLACE OF DEATH:

(a) County Clayton St Louis

(b) City or town Clayton 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to County Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6445 Alamo 3
(If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. 494-10-4408

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mollie Meyer

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

7. Birth date of deceased December (Month) 17 (Day) 1891 (Year)

8. AGE: Years 54 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Wilno (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Factory manager

11. Industry or business Shoulder Pads

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sarah Lee Baron
(b) Address 483 Parkway Dr. NE, Atlanta Ga

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Ave.

19. (a) 2-5-46 (Date received local registrar) (b) E G M Gorman MD (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1, day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Dec 27, 1945, 19 to Jan 31, 1946 that I last saw him alive on Jan 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden

Due to Chronic Myocarditis Generalized Arteriosclerosis

Due to Hypertension

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Mary J. Goldenson (M. D. ~~or other~~)
Address 508 N. Grand Ave Date signed 2-1-46

707 (Licensed Embalmer's Statement on Reverse Side)

558 A 1946

NOV 29 1948

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.....

Licensed Embalmer No. 1597

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.