DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12728

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11175

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6001
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 1630 SEMPLE (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH J. MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FANNIE

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL (Month) 20 (Day) 1883 (Year)

8. AGE: Years 63 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace HIGHLAND (City, town, or county) ILL. (State or foreign country)

10. Usual occupation RETIRED GROCER

11. Industry or business

FATHER
12. Name JOHN J. MEYER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE KEMPF
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Raymond F. Meyer
(b) Address 1630 SEMPLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 GRAND BELL BLVD.

19. (a) DEC 26 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from October, 1943, to December 26, 1946, that I last saw alive on December 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive arteriosclerotic Heart Disease	4 yrs
Due to Embolus to left leg	7 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Amputation of left leg - Gangrene
Of autopsy Heart disease, mural thrombus heart -

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

23. Signature Herman M. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 12/27/46

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.