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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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11122

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947
318

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hospital - 413
off
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 37 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME STEPHAN MEYERS
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 21st, ?
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace Bulgaria (City, town, or county) (State or foreign country) X

10. Usual occupation unknown

11. Industry or business unknown

MOTHER FATHER

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

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-46
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra

18. (a) Signature of funeral director Called Kelly
(b) Address 4386 Lindell Blvd.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 N. 11th St.,
Memorial (If rural, give location)
(e) Citizen of foreign country? ? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22nd
year 1946 hour 5:25 minute _____ P. M.
21. I hereby certify that I attended the deceased from 12/21/46
to Dec. 22nd, 19 46
that I last saw him im alive on Dec. 22nd, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency 2 wks
Due to arteriosclerotic heart disease 5 yrs
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/3

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Eugene J. Smith 12/22/46
Address _____ Date signed _____

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

and filed separately

Signed.....

Licensed Embalmer No.....

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.