

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 11 1947.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6705**  
Registrar's No. **3017**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH: **318**  
(a) County **St. Louis Mo.**  
(b) City or town **St. Louis Mo.**  
(c) Name of hospital or institution: **De Paul Hospital 0**  
(d) Length of stay: In hospital or institution **12 days**  
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis** **1017**  
(d) Street No. **3033 Ralls Pl.**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Meyers**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **70**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **26**  
year **1947** hour **6:15** minute **0** A.M.  
21. I hereby certify that I attended the deceased from **Feb 14** 19**47** to **Feb 26** 19**47**  
that I last saw him alive on **Feb 26** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **male 0** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Catherine**  
6. (c) Age of husband or wife if alive **80** years

Immediate cause of death  
**Coronary vascular disease**  
Due to **general arteriosclerosis**  
Due to **Senility**  
Other conditions **Acute myocardial infarction**  
**Haemorrhage of the brain**

7. Birth date of deceased **July 29 1865**  
(Month) (Day) (Year)  
8. AGE: Years **81** Months **6** Days **27**  
If less than one day **28** hr. min.

Duration **1 yr + 11 mo + 27 days**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Mo.** (State or foreign country)  
10. Usual occupation **Interior Decorator**

11. Industry or business **self**  
12. Name **Charles Meyers**  
13. Birthplace **Germany**  
14. Maiden name **Liese Miederpoker**  
15. Birthplace **Germany**

16. (a) Informant **Mrs. Meyers**  
(b) Address **3033 Ralls Pl.**  
17. (a) **Burial** (b) Date thereof **2/28/47**  
(c) Place: burial or cremation **Calvary Cemetery**

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e). Means of injury \_\_\_\_\_  
23. Signature **R. Baumert** (M. D. or other) \_\_\_\_\_  
Address **1117 N. Grand** Date signed **2/27/47**

18. (a) Signature of funeral director **Joseph W. Howard**  
(b) Address **1619 S. Grand**  
19. (a) **FEB 27 1947** (b) **J. F. Bredack**  
(Date received by registrar) (Registrar's signature)

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

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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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.**