

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39972

State File No. _____

FILED DEC 15 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11134**

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

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:
817 No. 17th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Years _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME FREDERICK MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. Yes

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. 25 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Leather Worker
Bauer Bros. Mfg. Co.

11. Industry or business _____

12. Name William Meyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Schmidt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Meyer

(b) Address 5500 Michigan Ave.

17. (a) Burial (b) Date thereof Dec. 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Park Lawn Cemetery
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director _____

(b) Address 6464 Chippewa St.

19. (a) DEC 5 - 1947 (Date received local registrar)

J. F. Brudersack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County and

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5500 Michigan Ave.
15 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 1947 hour 8 minute 30 am.

21. I hereby certify that I attended the deceased from Mar 1947 to Apr 1947
that I last saw him alive on 11/29
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 94A

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature St. Hester (M. D. or other) M.D.

Address 5600 S. Compton Date signed 12/4/47

Duration 1 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr Nester
5600 So Compton

JAN 22 1954

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.

Harry J. Schenck

Licensed Embalmer No. 2679

P. O. Address.

7814 S. Broadway

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.