

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

FILED DEC 15 1947

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

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:
3943A Palm St.
(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)

3. (a) PRINT FULL NAME Julius G. 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 Augusta Meyer

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

7. Birth date of deceased July 26, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Insurance Broker

11. Industry or business.....

MOTHER, FATHER { 12. Name Gustaves Meyer

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

14. Maiden name Mary C. Beinker

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

16. (a) Informant Augusta Meyer

(b) Address 3943A Palm St.

17. (a) Burial (b) Date thereof 12/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blvd.

19. (a) DEC 9 - 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mo.

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

(d) Street No. 3943A Palm St.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
 year 1947 hour 7 minute 45A M.

21. I hereby certify that I attended the deceased from Nov. 19 1947 to Dec 7 1947
 that I last saw him alive on Nov. 24 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to.....

Due to.....

Other conditions 97
(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?.....

While at work?.....
(Specify type of place) (Means of injury)

23. Signature Henry C. Westerman M. D. or other.....
 Address 2136 East grand ave Dye sign 12-8-47

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

Albert G. Kappa

Licensed Embalmer No. *2971*

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.