No. 2
-1/47
-17-39

#72081

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2848

FILED FEB 9 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 789

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

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (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: Missouri (b) County:

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

(d) Street No.: 2214 Chippewa (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: JOHN MEYER

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: Married

6. (b) Name of husband or wife: Katherine

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Sept. (Month) 14 (Day) 1873 (Year)

8. AGE: Years 74 | Months 4 | Days 11 | If less than one day: hr. min.

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

10. Usual occupation: Retired

11. Industry or business:

FATHER 12. Name: Felix Meyer

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

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Katherine Meyer

(b) Address: 2214 Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Resurrection Cem.

18. (a) Signature of funeral director: Wecker-Helderle

(b) Address: 3634 Grandois Ave.

19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1948 hour 8 minute 35 P M.

21. I hereby certify that I attended the deceased from 1/22/48, 19..., to Jan 25th, 1948 that I last saw him alive on Jan 25th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive failure	
Due to: Uremia	
Due to: Chronic glomerulo nephritis	
Other conditions: Hypertensive cardiovascular disease with	
Major findings of operations: Lt. hemiplegia	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Pol Coe M.D. (Physician) 1/28/48

Address: 1515 Lafayette Date signed:

Jefferson City Printing Co. (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 Robert Crohecker

Licensed Embalmer No. 2178

P. O. Address St Louis Mo

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.