No. 300
1—10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. hist. 85894 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17836

Registrar's No. 4706

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL #1 0
(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) 76 Years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 060

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2228 Sullivan Ave., 9
(If rural, give location)

(e) Citizen of foreign country? 20 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GEORGE MEYER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 23rd (Day) 1872 (Year)

8. AGE: Years 76 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Lithographer

11. Industry or business

FATHER
12. Name Albert H. Meyer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Anita Flaming
(b) Address 3927 Greer Ave.,

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof May 22, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.,

19. (a) MAY 21 1948 (Date received local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1948 hour 6:25 minute P M.

21. I hereby certify that I attended the deceased from 5/15/48, 19..., to 5/19/48, 19...; that I last saw him alive on 5/19/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis (non calculus) — Duration 1 yr.

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Walter M. Turner (M. D. or other)

Address 1515 Lafayette Date signed 5/20/48

(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 G W Wilkinson

Licensed Embalmer No. 3575

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.