

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3031
298

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>St John Moor</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, Mo</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. JOHN'S HOSPITAL</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
		d. STREET ADDRESS (If rural, give location) <i>25 28 25 EADS</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>ARTHUR</i>	b. (Middle) <i>B.</i>	c. (Last) <i>MEYER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 9 1949</i>
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>APRIL 28, 1905</i>	9. AGE (In years last birthday) <i>43</i>	if UNDER 1 YEAR Days <i>8</i>	if UNDER 4 HRS. Hours <i>12</i>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BARTENDER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>TAVERN</i>	11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>JOHN A. MEYER</i>	13b. MOTHER'S MAIDEN NAME <i>AMANDA HISSMANN</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>4980014205</i>	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic essential hypertension</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Peripneurtic encephalitis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>gun</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>gun</i> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *12-29, 1948*, to *Jan 9, 1949*, that I last saw the deceased alive on *1-9*, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Brown Miller MD</i>	23b. ADDRESS <i>408 Humboldt</i>	23c. DATE SIGNED <i>1/11/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>JAN. 13, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>S. S. PETER & PAUL</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JAN 11 1949</i>	REGISTRAR'S SIGNATURE <i>J B Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Curtis</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

408 Suite

Feb 4 1980
Time 3:00

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James C. Allen

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.