

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21435**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5524**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) <b>ST, Louis, 0</b> c. LENGTH OF TOWNSHIP <b>70</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) <b>ST, Louis, 179</b> d. STREET ADDRESS (If rural, give location) <b>City Infirmary Hospital</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>George Meyer</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 26, 1949</b>	
<b>5. SEX</b> male <input type="radio"/> female <input type="radio"/>	<b>6. COLOR OR RACE</b> white	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) single	<b>8. DATE OF BIRTH</b> <b>February 29, 1864</b>
<b>9. AGE</b> (In years last birthday) <b>85</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) retired	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) St. Louis, Missouri <b>0</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.			
<b>13a. FATHER'S NAME</b> Louis Meyer		<b>13b. MOTHER'S MAIDEN NAME</b> Katherine Hawalt	
<b>14. NAME OF HUSBAND OR WIFE</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> Mrs. L. E. Haub		<b>ADDRESS</b> 5622 Viven Ave.	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Arteriosclerotic Heart Disease</i>	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>10 years</i>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <i>4200</i>	
<b>22. I hereby certify that I attended the deceased from <i>July 7, 1948</i>, to <i>June 26, 1949</i>, that I last saw the deceased alive on <i>June 26, 1949</i>, and that death occurred at <i>7:15 am.</i>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Clatus P. Kray M.D.</i>		<b>23b. ADDRESS</b> <i>5600 Arsenal St St Louis</i>	
<b>23c. DATE SIGNED</b> <i>June 26, 1949</i>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial		<b>24b. DATE</b> <i>6-28-49</i>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> Bethany Cemetery		<b>24d. LOCATION</b> (City, town, or county) (State) St. Louis, Missouri	
<b>DATE REC'D BY LOCAL REG.</b> JUN 27 1949		<b>REGISTRAR'S SIGNATURE</b> <i>J. B. Landon</i>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Math Hermann, Son</i>		<b>ADDRESS</b> Inc.	

**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 \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Glen W. Hob  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 37317

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.