DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31265

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8328

1. PLACE OF DEATH:

(a) County: 2

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

(c) Name of hospital or institution: 4558a Arco
(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: 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No.: 4558 A Arco Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Louis Meyer 600

3. (b) If veteran, name war: .....

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: Viola Meyer

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Dec. 31 1863 (Month) (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Millstadt (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Stationary Engineer

11. Industry or business: St. Louis Art Meuseum 1

FATHER
12. Name: Fred Meyer
13. Birthplace: Baden (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name: Madeline Godell
15. Birthplace: Alsace Loraine (City, town, or county) France 7 (State or foreign country)

16. (a) Informant's own signature: Mrs Viola Meyer
(b) Address: 4558 a Arco

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-29-39 (Month) (Day) (Year)
(c) Place: burial or cremation: SS. Peter & Paul

18. (a) Signature of funeral director: Wm. Schumacher
(b) Address: 3013 Meramec St.

19. (a) SEP 28 1939 (Date received local registrar) (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th. year 1939 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 27th, 1938 to September 26, 1939 that I last saw him alive on Sept. 26th, 1939. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Mitral Regurgitation Heart 5 yrs.	

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: .....

23. Signature: Albert Beisbarth (M. D. or other) 11
Address: 3548 S. Grand Bl Date signed: 9/27-39

(Licensed Embalmer's Statement on Reverse Side)

50M-5-17-39
Rev. 5-17-39
1 X19511

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Bernhardt
3545 N. Grand

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 ——

George N Archambault, Registered Apprentice No. ——,

working under my personal supervision.

Signed George N Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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, above space should be left blank.