DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33563

Registration District No. 784 | Primary Registration District No. 800 | Registrar's No. 1574

1. PLACE OF DEATH:

(a) County: Welston, Mo. St Louis

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

(c) Name of hospital or institution: 2162 Louise Ave.

(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: Saint Louis,

(c) City or town: Welston (If outside city or town limits, write "RURAL")

(d) Street No.: 2162 Louise Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME: Adolph E. 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: Mary Meyer

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Oct. 2, 1863 (Month) (Day) (Year)

8. AGE: Years 75 | Months 11 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Nil

11. Industry or business: ____

FATHER
12. Name: Unk. Meyer
13. Birthplace: ____ (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant's own signature: Mary Meyer

(b) Address: 2162 Louise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 6, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: New Pickers Cem.

18. (a) Signature of funeral director: E. J. Lehmer

(b) Address: 3125 Lafayette Ave.

19. (a) SEP 5 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1939 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1937, 19__, to 1939, 19__; that I last saw him alive on 9/3/39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of bladder	2 yrs
Due to —	
Due to —	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Ca of bladder
Of autopsy: none

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): no

(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: [illegible] M.D. (M. D. or other)

Address: 6818 W. Lorasant Date signed: 9/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.