

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40908

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2094

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Rural Overland  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Marshall & Natural Bridge Rd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM H. MEYER 660

3. (b) If veteran, name war None 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 Anna Meyer 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 30, 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>27</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business 6

MOTHER { 12. Name John Meyer

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence D. Meyer

(b) Address Marshall & Natural Bridge Rd.

17. (a) Burial (b) Date thereof 11-30-1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 29 1939 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Rural Overland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Marshall & Natural Bridge  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 th.  
 year 1939 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-10-30  
11-27, 1939, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him alive on 11-27, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 hr

Due to Chr Myocarditis 10 yrs

Due to Arterio sclerosis 10 yrs

Other conditions Chr Nephritis 20 yrs  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 131  
 Of autopsy \_\_\_\_\_  
 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) su  
 (b) Date of occurrence no  
 (c) Where did injury occur? no (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1

Address 340 Penna Ave Date signed 11-28-39

Dr. H. H. H. H.  
340 Bermuda Ave.  
Ev. 4940

**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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Lou

**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.**