

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Roy A. Meyer3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife _____
Flora Meyer 6. (c) Age of husband or wife if
alive 54 years7. Birth date of deceased Oct. 11 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 4 0 hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Mail Clerk11. Industry or business U. S. Postoffice12. Name Peter Meyer13. Birthplace N. Y.
(City, town, or county) (State or foreign country)14. Maiden name Hattie Brown
(City, town, or county) (State or foreign country)15. Birthplace Wis.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Flora Meyer(b) Address 4732 Penrose17. (a) Burial (b) Date thereof 2-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers Cem.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) _____ (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 7
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4732 Penrose
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 11
year 1940 hour 2 minute 30 A. M.21. I hereby certify that I attended the deceased from 5-3-38
19____ to 2-11 1940that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.Immediate cause of death
Acute Regurgitation - Myocardial
Insufficiency Duration 2 yearsDue to Acute Endocarditis + PericarditisDue to etiology questionable.Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?
_____While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature John J. Hammond (M. D. or other) _____Address 630 N. Grand Blvd. Date signed 2/13/40

FILED MAR 13 1940

Miss Houston (Miss)
230 E 5th
opposite W. B.

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 R. M. Sanford
Licensed Embalmer No. 2273
P. O. Address St Louis

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.