S. No. 2
—11-10-39
v. 5-17-39
I X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16519

FILED JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3997

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

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. John's Hospital 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 10
(If outside city or town limits write "RURAL")

(d) Street No. 4540 Natural Bridge Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME William H Meyer 6 m

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-2744

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Ruenzi Meyer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 2 (Day) 1876 (Year)

8. AGE: Years 63 Months 11 Days 0 If less than one day hr. min.

9. Birthplace St Charles Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Century Electric Co. 0

11. Industry or business 0

FATHER
12. Name Anthony Meyer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lettlehake
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul A Meyer
(b) Address 4540 Natural Bridge Ave

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4/6/40 (Month) (Day) (Year)
St Charles Mo.
(c) Place: burial or cremation St. Charles Borromero

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) MAY 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1940 hour 11 minute pm M.

21. I hereby certify that I attended the deceased from 4-25, 1940, to 5-2, 1940; that I last saw him alive on 5-2 11 P.M., 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer c̄ shock.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

Duration ?

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 Wm O. Mowry (M. D. or other) M.D.

Address 3633 Fair Ave. Date signed 5-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank H Stump

Licensed Embalmer No. 2265

P. O. Address.....

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.