

FILED AUG 27 1940 791

Primary Registration District No. **1003**

Registrar's No. **5651**

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

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME George C. Meyer 600

8. (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 Widower

6. (b) Name of husband or wife Louisa Meyer 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased June 10, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Ticket Taker 0

11. Industry or business Forest Park Highlands

12. Name Christ Meyer 9

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

14. Maiden name Unknown

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

16. (a) Informant A. J. Meyer

(b) Address 5210 W. Sette

17. (a) Burial (b) Date thereof 7/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. S. S. Peter & Paul

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2331 S. Broadway

19. (a) JUL 2 1940 (b) J. B. Bruch
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 27
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 3451 Wisconsin
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death traumatic laceration of the brain
due to basal fracture of skull
arterio-sclerotic suppurative
deceased slipped and fell to
floor at City Sanitarium June
30/1940 about 5:30 AM

Other conditions (include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence June 30 1940

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place)

(e) Means of injury Fall

23. Signature Alfred Herre (M. D. or other)

Address Deputy Coroner Date signed 7/2/40

300

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address W. H. Lane

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.