

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 5803

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Lukes Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME NETTIE MEYERS 620

3. (b) If veteran, name war none (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Meyers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 4 1877

8. AGE: 63 Years 4 Months 4 Days If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.

10. Usual occupation _____

11. Industry or business St. Lukes Hospital

12. Name William Spath

13. Birthplace St. Louis Mo.

14. Maiden name Agnes Speck

15. Birthplace St. Louis Mo.

16. (a) Informant Ethel Sommer

(b) Address 2420 E. Milton Overland, Mo.

17. (a) Burial (b) Date thereof 7-10-40

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Alumany Bros.

(b) Address 2501 W. Woodson Overland, Mo.

19. (a) JUL 9 1940 (b) J. H. P. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland, NR
(d) Street No. 2420 E. Milton
(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 13 1940 to July 8 1940
that I last saw him alive on July 3 1940
and that death occurred on the date and our stated above.

Immediate cause of death Cause of heart with melaria

Due to _____
Due to 50
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? _____
(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 L. J. Beau (M. D. or other) MD
Address 3720 Washington Date signed 7/9/40

Duration 2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Oscar J. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

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, fact should be so stated above.