

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2144

PLACE OF DEATH:

(a) County St. Louis Co.  
(b) City or town Lemay Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 18 yrs.  
years, months or days) 2

3. (a) PRINT FULL NAME William D. Meyer  
3. (b) If veteran, name war World war  
3. (c) Social Security No. 492-10-6851

4. Sex male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gladys Meyer 6. (c) Age of husband or wife if alive 8-23-1897 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 2 19 hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Gisburne Products Co.

12. Name Julius Meyer

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

14. Maiden name Minnie Mc.Clellan

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

16. (a) Informant Gladys Meyer

(b) Address 4146 Manchester

17. (a) Burial (b) Date thereof Nov. 14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vahalla Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) NOV 13 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4146 Manchester  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12  
year 1940 hour 12 minute 15A 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 Automobile accident  
Driving an automobile which left the  
highway striking an embankment.  
Due to 11/12/40

Due to Fracture of the skull  
Fracture of the neck.  
(Other conditions. Fracture of the neck.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 2/10 am  
Of autopsy 2/1  
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 Nov. 12, 1940  
(c) Where did injury occur? Lemay, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public highway

While at work? no??? (Specify type of place) (e) Means of injury auto left road

23. Signature John O. Council (M. D. or other)  
Address Coroner of St. Louis Co. Date signed 11/12/40

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

MOTHER FATHER

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**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 *Oliver S. Fenelle*

Licensed Embalmer No. *4148*

P. O. Address *444 Perry*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**