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21492

FILED JAN 15 1941

State File No. _____

Registration District No. 7917

Primary Registration District No. _____

Registrar's No. 9880

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether _____)
In this community _____
years, months or days)

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. 5625 Southwest Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Ralph Meyrose

3. (b) If veteran, name war None 3. (c) Social Security No. 494-05-6444

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 26th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 1 7 _____ hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business American Stove Co.

MOTHER FATHER { 12. Name Alex Meyrose

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

14. Maiden name Mary Beyer

16. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

15. (a) Informant Mr. Gene Meyrose

(b) Address 5625 Southwest Ave.

17. (a) Burial (b) Date thereof 12-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 2 1940 (b) J. F. Biedack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30,
year 1940 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from November 23,
1940, to November 30, 1940,

that I last saw him alive on November 30, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of esophagus with metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William H. Ellath (M. D. or dentist)
Address 1515 Lafayette Ave. Date signed 11/30/40

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

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

Edwin M. Bennett

Licensed Embalmer No. 3024

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.