

JAN 15 1947 91
Registration District No. **1002**Primary Registration District No. **1002**

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:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Charles Meyers3. (b) If veteran,
name war None3. (c) Social Security
No. None4. Sex Male
5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Unknown6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 84 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Lithographer11. Industry or business Unemployed12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dr. Perry(b) Address Coroners Office17. (a) Burial (b) Date thereof Dec 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chicago Illinois18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) 12 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1411 Hogan St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day December
year 1940 hour 5:25 minute Pm 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 _____ Duration _____

Lobar Pneumonia

Due to _____

Due to _____

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 sta-
tistically.

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 job) _____
(Specify means of injury) _____23. Signature Clifford Perry (M. D. or other) _____Address Republic Stone Date signed 12/14/40

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 *Francis J. Owens*

Licensed Embalmer No. *2245*

P. O. Address *So. Lewis Ave*

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.