No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 573

FEB 25 1941

Registration District No. 491

Primary Registration District No. 1003

Registrar's No. 573

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

0
7
9

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: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")

(d) Street No. 3322 Oregon Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Herman L. Meyer

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male 0

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 August (Month) 24, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	24	hr. min.

9. Birthplace Gasconade County Herman, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Meyer
13. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Stollen
15. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman H. Meyer
(b) Address 3322 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

JAN 1

19. (a) (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1941 hour 12 minute 15 p.M.

21. I hereby certify that I attended the deceased from January 10, 1941, to January 17, 1941;
that I last saw him alive on 1-17-41, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia — Duration 2 days

Due to Chronic interstitial nephritis Hypertension vascular disease

Due to Chronic myocarditis

Other conditions Chronic cardiorenal disease & arteriosclerosis
(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) —
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Martin J. Glaser (M. D. ~~or other~~)
Address 506 Olive St. Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Lysand

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

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

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