

REGISTRATION DISTRICT NO. 791

PRIMARY REGISTRATION DISTRICT NO. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2331 Sullivan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 80 Years
years, months or days

3. (a) PRINT FULL NAME Christ G. Meyer
3. (b) If veteran, name war Nil. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Meyer 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 22, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	7	25	hr. _____ min.

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

10. Usual occupation Retired Woodworker

11. Industry or business Planing Mill

MOTHER FATHER { 12. Name Herman H. Meyer
13. Birthplace Unk. 9 Unk.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wamhoff
15. Birthplace Unk. Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Meyer
(b) Address 2331 Sullivan Ave.

17. (a) Burial (b) Date thereof Feb. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edmunda P. Lovo
(b) Address 3934 N. 20th St.

19. (a) FEB 18 1941 (b) J. T. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County COO
(c) City or town St. Louis 17-20
(If outside city or town limits, write "RURAL")
(d) Street No. 2331 Sullivan Ave. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 17, day _____
year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan _____, 1941, to Feb 17 _____, 1941,
that I last saw him alive on Feb 16 _____, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ch. Nephritis
Due to _____
Ch. Nephritis
Other conditions (include pregnancy within 3 months of death) _____
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 R. H. Sewing (M. D. or other) M.D.
Address 2342 Alous Ave Date signed 7/18/41

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 _____

Licensed Embalmer No. 2663

P. O. Address 4284 Prairie

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

If this body is not embalmed, above space should be left blank.