

No. 2
4-13-40
5-17-39
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FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **16665**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4183**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town. **St. Louis**
(c) Name of hospital or institution:
Lutheran Hospital
(d) Length of stay: In hospital or institution.....
In this community. **30 yrs**
years, months or days

3. (a) PRINT FULL NAME. **Emil Meyer**
3. (b) If veteran, name war. **None**
3. (c) Social Security No. **497-07-6561**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife. **Emma Meyer**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **April 2 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 15 hr. min.

9. Birthplace. **Oakville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Foreman**

11. Industry or business. **Busch Brewing Co.**

MOTHER FATHER
12. Name **John Meyer**
13. Birthplace. **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Mueller**
15. Birthplace. **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Emil Meyer Jr**
(b) Address. **3143a Cherokee st.**

17. (a) **Burial** (b) Date thereof **May 20, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Park Lawn Cemetery**

18. (a) Signature of funeral director. **C. Hoffmeister h.k.o.**

(b) Address. **7814 S. Broadway**

19. (a) **MAY 19 1941** (b) **J.P. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Missouri** (b) County. **000**
(c) City or town. **St. Louis**
(d) Street No. **3143 a Cherokee st.**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1941** hour **8** minute **55 a.** M.

21. I hereby certify that I attended the deceased from **5/17/41** to **5/17/41**, 19...
that I last saw him alive on **5/17/41**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. **Hypertensive Heart Disease**
Due to..... **6 months**

Due to.....

Other conditions. **None**
(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?.....
(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 **W. H. Johnson** (M. D. or other) **M.D.**
Address **3651 Grand St** Date signed **5/18/41**

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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broad*.....

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, fact should be so stated above.