

2  
4-41  
7-39  
K26390

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1291

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether in this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town PineLawn  
(If outside city or town limits, write "RURAL")

(d) Street No. 4203 Rosewood Ave.  
(If rural, give location)

(e) Citizen of foreign country? no / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Meyer

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1941 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6-17-41  
to 6-20-41  
that I last saw him alive on 6-20-41  
and that death occurred on the date and hour stated above.

4. Sex male ( ) 5. Color or race white

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Ella Meyer

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 28 1869  
(Month) (Day) (Year)

Immediate cause of death:  
Tubercular pneumonia  
Thrombotic hemiparesis

Duration 24-h

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
1270

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>23</u>	hr. _____ min.

9. Birthplace Unknown Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation ret. FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Herman Meyer

13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Adler

15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant HERMAN MEYER

(b) Address 4203 ROSEWOOD AVE.

17. (a) REMOVAL (b) Date thereof 6-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGH HILLS, MO

18. (a) Signature of funeral director Robert H. Harper

(b) Address 4700 Washington Ave

19. (a) JUN 20 1941 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations 12 in gangrenous  
infarcted removed

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature H. Furman Jr (M. D. over)

Address Colfax Date signed \_\_\_\_\_

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 Albert G. Happel

Licensed Embalmer No. 2971

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, fact should be so stated above.**