

No. 2
1-4-41
17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23415**

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5767**

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:
Jewish Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 36 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1922a Semple
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH Meyer NEYER
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13
 year 1941 hour 5 minute 05 A.M.
 21. I hereby certify that I attended the deceased from July 9, 1941
 1941, to July 12, 1941;
 that I last saw him alive on July 11, 1941;
 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 married
 6. (b) Name of husband or wife Fannie Meyer
 6. (c) Age of husband or wife if alive (unk) years
 7. Birth date of deceased Dec. 6, 1888
 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 4 days
 Due to Hypertensive Ht Disease years
 Due to _____ years

8. AGE: Years Months Days If less than one day
52 7 6 hr. min.

Other conditions Chronic glaucoma years
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Galatz Roumania
 (City, town, or county) (State or foreign country)
 10. Usual occupation Bookbinder
 11. Industry or business Unemployed
 12. Name Mordecai Meyer
 13. Birthplace Roumania
 (City, town, or county) (State or foreign country)
 14. Maiden name Leah (unk)
 15. Birthplace Roumania
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fannie Meyer
 (b) Address 1922a Semple
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/13/41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Hevre Kedisha
 18. (a) Signature of funeral director Berger Memorial
 (b) Address 6715 McPherson
 19. (a) JUL 13 1941 (b) J. J. [Signature]
 (Date received local registrar) (Registrar's signature)

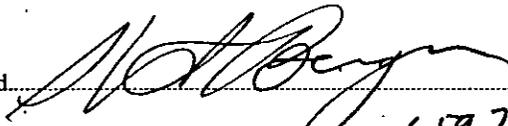
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Wallace Rindhoff (M. D. or other) M.D.
 Address 216 S. Kingshighway Date signed 7/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
82-491-14-5636

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. 1597

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.