

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4042 North Taylor Ave** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12**
year **1941** hour **12** minute **45a** M.
21. I hereby certify that I attended the deceased from **8-25-41**
_____, 19____, to **9-12-41**, 19____;
that I last saw him alive on **9-11-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis **8 hrs.**

Due to _____
Cardio vascular renal disease

Other conditions _____
(Include pregnancy within 3 months of death) **1/21**

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? _____

While at work? _____ (Specify type of place) _____
(2) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed **9-22-41**

3. (a) PRINT FULL NAME **Frank W. Meyer**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **497-10-8099**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Josephine Jutz Meyer**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **March 31st 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **12**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Grocery Clerk**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Meyer**
13. Birthplace _____ (City, town, or county) **Unknown** (State or foreign country)
14. Maiden name **Kents**
15. Birthplace _____ (City, town, or county) **Unknown** (State or foreign country)

16. (a) Informant **Josephine Meyer**

(b) Address **4042 North Taylor Ave.**

17. (a) **Burial** (b) Date thereof **9/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **SEP 12 1941** (b) **J. Bredich**
(Date received local registrar) (Registrar's signature)

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.....

Frank H. Street

Licensed Embalmer No. *# 2265*.....

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.