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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 7 1941

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32486

Primary Registration District No. 101

Registrar's No. 2005

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 Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 13 yrs. 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096 3

(c) City or town University City 5 (If outside city or town limits, write "RURAL")

(d) Street No. 6263 Delmar (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Robert Meyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 13 (Day) 1918 (Year)

8. AGE: Years 23 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Robert Novak
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Helene Brodzinski
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Helen Meyer (mother)

(b) Address 6263 Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons Inc.

(b) Address 6175 Delmar Blvd.

19. (a) SEP 30 1941 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1941 hour 4:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-19-41, 1941, to 9-29-41, 1941, that I last saw him alive on Sept 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure	20 min
Due to uremic poisoning	10 days
Due to malignant hypertension	1 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
Of autopsy atrophic kidneys.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph D. Judy (M. D. or other) MD

Address St Louis County Hosp Date signed 9/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Joe E. McCullock

Licensed Embalmer No. 2460

P.O. Address 6175 Delmar

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

If this body is not embalmed, fact should be so stated above.