

FILLED NOV-29 1941
Registration District No. _____ Primary Registration District No. **1003**

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:
1405 Monroe St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
in this community Not City Hospital
years, months or days

3. (a) PRINT FULL NAME Emil Meyer
3. (b) If veteran, name war Spanish 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 22, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 hr. _____ min.

9. Birthplace Rochester NY. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired machinist

11. Industry or business _____

MOTHER FATHER { 12. Name John Meyer
13. Birthplace Not known France 5
(City, town, or county) (State or foreign country)
14. Maiden name Mary Douchel
15. Birthplace Not known France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennie Nauman
(b) Address 4526 Genevieve Ave

17. (a) Burial (b) Date thereof 10/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) UPI 6 1941 (b) D. J. 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 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1941 hour 11:02 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Chronic
Myocarditis
Due to 93d
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 93c

Duration
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) _____
(e) Means of injury _____
23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 10/6/41

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.....

NOT EMBALMED

Licensed Embalmer No.....

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.