

No. 2  
4-13-40  
5-17-39  
PI X25159

DEPARTMENT OF COMMERCE  
FILED NOV 2 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33251  
8206  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Firmin Desloge Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME John Meier  
(b) If veteran, name war  
(c) Social Security No.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mildred  
(c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased Sept. 27, 1882

8. AGE: Years 59 Months 0 Days 17  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {  
12. Name John Meier  
13. Birthplace Germany  
14. Maiden name Katherine Brandt  
15. Birthplace St. Louis

16. (a) Informant Mrs. Mildred Meier  
(b) Address 4106 N. Broadway

17. (a) Burial (b) Date thereof 10-17-41  
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director A. Kron L. & U. Co.  
(b) Address 2707 N. Grand

19. (a) OCT 15 1941 (b) J. J. Brudeck  
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4106 N. Broadway  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 13  
year 41 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from 10-6-41  
19... to 10-13-41 19...  
that I last saw him alive on 10-13-41  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Portals cordis  
Duration ?

Due to unknown  
Due to

Other conditions Septicemia - peritonitis  
marked abd. cavity.

Major findings:  
Of operations  
Of autopsy Confirmed above.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no.  
(b) Date of occurrence  
(c) Where did injury occur?  
(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

23. Signature Ray A. Mezera (M. D. of )  
Address 1325 S. Grand Date signed 10/15/41

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.

*Embalmer's  
Certificate  
Signed*

Signed.....

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.**