

S. No. 2
1-14-40
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40523
State File No. 10275
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
DE PAUL HOSPITAL ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 6 100
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. DE PAUL HOSPITAL
2415 N. Kingshighway Bl.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT MEYER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE ()

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased DEC 24 1941
(Month) (Day) (Year)

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

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name RAYMOND MEYER

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name DETTY STANLEY

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Meyer
(b) Address 26133 Minnie

17. (a) BURIAL (b) Date thereof DEC 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette av

19. (a) DEC 28 1941 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year hour 11⁰⁰ minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 24 1941 to Dec. 25 1941
that I last saw h... alive on Dec. 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory Failure

Due to

Spinal Bifida

Due to

Hydrocephalus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

157

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) (e) Means of injury

23. Signature Fred V. Zimmerman (M. D. or other)

Address 712 Metropolitan Date signed

12-26-41

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

00
17
9

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.....

Walter E. [Signature]

Registered Apprentice No.....

working under my personal supervision.

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.