

FILED FEB 24 1942

1003

Registrar's No.

Registration District No.

Primary Registration District 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:
FIRMIN DESLOE O
(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

3. (a) PRINT FULL NAME Charles Meyer

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HANNA 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 5 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES MEYER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dwyer
(b) Address 12331 Mullendy St.
17. (a) BURIAL (b) Date thereof 1-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen + Kelly
(b) Address 1416 N. Taylor ave
19. (a) _____ (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day twenty-first
year 1942 hour six minute ten A.M.

21. I hereby certify that I attended the deceased from November 6, 1941 to January 21, 1942
and that I last saw him alive on January 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary arteriosclerosis with myocardial infarction
Duration Heart attack

Due to _____
Due to _____

Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death) Heart attack

Major findings: Cholecystitis, cholelithiasis PHYSICIAN _____
Of operations: none
Of autopsy: as above
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) no
(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 G. Brown (M. D. or other) M.D.
Address 1375 So. Grand Blvd. Date signed Jan. 22, 1942

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.

Myself

Signed *Henry Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo.*

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.