

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital 7
(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 John L. Meyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 49I-I4-4061

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

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

7. Birth date of deceased Oct. 17th, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 20 hr. _____ min.

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

10. Usual occupation Decorator

11. Industry or business _____

12. Name Joseph Meyer

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Martha (City, town, or county) (State or foreign country) 4

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Henrietta Meyer

(b) Address 4663 Penrose St.

17. (a) Burial (b) Date thereof I/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) JAN 10 1942 (b) E. F. Brueck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4663 Penrose St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1942 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 5th
_____ 1942 to Jan 6 1942
that I last saw him alive on Jan 6th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 2 days
Due to Arterial Sclerosis ?
Due to Hypertension ?
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
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)
(c) Means of injury _____
23. Signature Geo. A. Mellis (M. D. or other) _____
Address 2739 N. Grand Date signed 1-7-42

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

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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 Guy W. Wilkerson

Licensed Embalmer No. 3575

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, above space should be left blank.