

FILED APR 13 1942
791
Registration District No.

State File No.
Registrar's No. 2753

Primary Registration District No. 1003

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

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 7 mo 2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louis H. Meyer.

3. (b) If veteran. name war no. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Feb 28 X 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 28 If less than one day: _____ hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name John Meyer 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Helena Beckemeyer
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Louise Green
(b) Address 5800 Arsenal
17. (a) Burial (b) Date thereof. 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director. H. J. Tidner and Co.
(b) Address 2240 St. Louis ave.
19. (a) 3/27/42 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19. 000
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17
(d) Street No. 6239 Clifton ave (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country American 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 7:10 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug. 24, 1939
to Mar. 26, 1942
that I last saw live on Mar. 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Duration _____
Disease. Possible T.B.

Due to 95
Due to 93c

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Loren H. Blawie (M. D. or other) MS
Address 5600 Arsenal Date signed 3/27/42

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.