V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16439

State File No. 4948

Registration District No. FILED JUN 15 1942 791 Primary Registration District No. 1003 Registrar's No.

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: Announced dead City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis Mo (If outside city or town limits, write "RURAL")
(d) Street No 2436 Spring ave (If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Oliver Meier
3. (b) If veteran, name war yro World
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 22 1898 ~~1895~~ (Month) (Day) (Year)
8. AGE: Years 44 Months 1 Days 12 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation Newspaper
11. Industry or business Post Dispatch
MOTHER FATHER
12. Name George
13. Birthplace England (City, town, or county) 4 (State or foreign country)
14. Maiden name Sarah Spelbum
15. Birthplace England Liverpool (City, town, or county) (State or foreign country)
16. (a) Informant Wife
(b) Address 2436 N. Spring
17. (a) (Burial, cremation, or removal) (b) Date thereof 6 9 42 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & Paul Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 8205 St Louis ave
19. (a) JUN 6 1942 (Date received local registrar) (b) J. F. Bulach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1942 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion;
Due to
Due to
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 Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 6/6/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2971.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County of~~ City of St Louis

State File No.
Local Registrar's No. 4948

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of June, 1942, before me appears Margaret Meier, who, upon her oath, states that the original record of ~~birth~~ death for Oliver Meier, died ~~born~~ June - 4 -, 1942 in the State of Missouri, and which was filed at St Louis on June - 6 -, 1942, should be corrected as follows:

Item No. 7 should read April - 22 - 1898
Instead of April - 22 - 1895

Item No. 8 should read 44 years - 1 mo - 12 days
Instead of 47 years - 1 mo - 12 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margaret Meier wife
Relationship.

2436 N. Spring Ave
Present Address.

Subscribed and sworn to before me this 15 day of June, 1942

My Commission expires Mar. 4 - 1945 Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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1942
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