

FILED JUN 2 1942 791

State File No. _____
Registrar's No. 4562

Registration District No. _____ 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:
7410 Canterbury Av.
(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

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. **7410 Canterbury**
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert V. Meyer**

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

4. Sex **M** **D** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if deceased _____ years
7. Birth date of deceased **October 28 1859**
(Month) (Day) (Year)

8. AGE: Years **82** Months **6** Day **26** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** **Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Carl Meyer**

13. Birthplace **Germany** **14**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Hertenstein**

15. Birthplace **Harrisburg** **Penn.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Meyer (Son)**

(b) Address _____

17. (a) **Burial** (b) Date thereof **May 26, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Val Halla**

18. (a) Signature of funeral director **M. J. Coughlin**

(b) Address **7146 Manchester Av.**

19. (a) **MAY 26 1942** (b) **J. F. Brebach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24**
year **1942** hour **9:00 p.m.** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**
Gallop's Rhythm
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 _____
3. Signature **James F. Brennan** (M.D. or other) **Brennan**
Address **1300 E. 12th** Date signed **5/26/42**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.

Signed: *Welford G Burnley*

Licensed Embalmer No. *4209*

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.