

FILED NOV 6 1942 318

1003

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days)

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. 1111 Obear Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1942 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from
June, 1930, to Oct. 29th, 1942
that I last saw him alive on Oct. 29th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Thrombosis (Apoplexy)
Duration 2 days

Due to Arterio Sclerosis
Due to _____

Other conditions Coronary Sclerosis
(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)
(e) Means of injury _____
23. Signature J.P. Predeck (M.D. or other)
Address 5428^{1/2} Magnolia Date signed 10/30/42

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

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

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

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

7. Birth date of deceased October 13th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	0	16	hr. _____ min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Patrolman

11. Industry or business Metropolitan Police Dept.

MOTHER FATHER { 12. Name Fred Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta ??
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Steinmann Meyer
(b) Address 1111 Obear Ave.

17. (a) Burial (b) Date thereof 10/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 31 1942 (Date received local registrar)
J.P. Predeck (Registrar's signature)

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

Dr. W. Steinmann
5428a Magnolia
9-10 a.m. 1-3 p.m.

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. *3737*

P. O. Address *1936 St. Louis Ave*

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.