

FILED JAN 14 1943

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 14 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Switzer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM MEYERKORD
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st
year 1943 hour 9: AM 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.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 8 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Truck Gardner
11. Industry or business _____

MOTHER FATHER
12. Name Henry Meyerkord
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Henry Bruegemann
(b) Address 1319 Switzer
17. (a) Removal (b) Date thereof 31-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanton, Mo
18. (a) Signature of funeral director Dudrick
(b) Address 8319 N. 7th St. St. Louis
19. (a) JAN 5 1943 (b) J. F. Bridger
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Subdural hemorrhage of Basilar
Compound fracture of right leg
when struck by a automobile
driven by one Walter Neugebauer
at the intersection of Baden
and Switzer ave about 6:30 p.m.
Other conditions 12-31-42
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: 170
Of autopsy: _____
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) Accident
(b) Date of occurrence 12-31-42
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3-42

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

C. Sullivan

4
1.5

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 J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address City

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.