

FILED MAR 2 1943
Registration District No. 318

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 32 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Louis J. Meier

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... Louise 6. (c) Age of husband or wife if alive..... 72 years
7. Birth date of deceased..... Aug. 29 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 18 hr. min.

9. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil.

11. Industry or business.....
MOTHER FATHER { 12. Name..... Unknown
13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Leslie J. Meier
(b) Address..... 4348 S. Compton

17. (a) Cremation (b) Date thereof Feb. 18 -43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mo. Crematory

18. (a) Signature of funeral director..... Wm. Schumacher
(b) Address..... 3013 Meramec St.

19. (a) FEB 17 1943 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

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. 4348 S. Compton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 16
year..... 1943 hour..... 6:00 minute..... A.M.

21. I hereby certify that I attended the deceased from.....
1938..... 19..... to..... 2-16-43..... 19.....
that I last saw him alive on..... 2-16-43..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis.
Infirmities of old age.
Due to Chronic myocarditis
Chronic interstitial nephritis
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 1/21
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. J. Brudek (M. D. or other) M.D.
Address..... 4930 Lindell, St. Louis, Mo. Date signed 2/17

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.....

Clarence Kochow

....., Registered Apprentice No.

working under my personal supervision.

Signed *Clarence Kochow*.....

Licensed Embalmer No. *3093*.....

P. O. Address *3013 Meramec*.....

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.