

FILED MAR 10 1935  
378

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 1935

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:  
2007a Gano  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Conrad Meyer

3. (b) If veteran, name war World War 3. (c) Social Security No. 492-07-1086

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Olga Meyer (nee Ruwe) 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased May 12 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 9 13 hr. min.

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

10. Usual occupation Shipping Clerk  
11. Industry or business Mesker Bros. Mfg. Co.

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

16. (a) Informant Olga Meyer  
(b) Address 2607 1/2 Gano  
17. (a) Burial (b) Date thereof Feb. 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Budewig Funeral Home  
(b) Address 1936 N. Fourth  
19. (a) FEB 27 1943 (b) J. F. Bredeck  
(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. 2007a Gano  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name of country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1943 hour 6 minute a. 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 Chronic Adhesive Pericarditis  
Due to Decompensated Heart

Due to .....  
Other conditions 95  
(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) .....  
Means of injury .....  
23. Signature Thomas F. Callahan (M.D. or other)  
Deputy Coroner Date signed 2-26-42

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

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APR 21 1948

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: *[Signature]*

Licensed Embalmer No. *2727*

P. O. Address: *1936 N. ...*

**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.**