

FILED FEB 16 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1110

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mos 13 das
(Specify whether years, months or days) 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 11000
(If outside city or town limits, write "RURAL")
(d) Street No. Ozanam Shelter - 3225 Montgomery 17
(Specify street location)
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country 0

3. (a) PRINT FULL NAME HUGO MEYER

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 24 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 8 ~~18~~ If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

12. Name unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Helene A Singler

(b) Address 5300 Arsenal

17. (a) Burial (b) Date thereof 2-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter + Paul Cen.

18. (a) Signature of funeral director Wm. B. ...

(b) Address 2929 S. Jefferson

19. (a) FEB 3 1943 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from July 1 1942 to Feb 2 1943
that I last saw him alive on Feb 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 mos x

Due to 93d
Due to Senile Dementia 2 yrs. x

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

PHYSICIAN
Major findings: Of operations
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)
(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) (Specify means of injury)
23. Signature Stanley L. ... (M. D. or other)
Address 5400 Arsenal Street Date signed 2/2/43

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

MOTHER FATHER

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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.....

not Embalmed
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Edgar F. Mitt
.....
Licensed Embalmer No. *2117*.....

P. O. Address *2929 S. Jefferson*.....

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.