

FILED FEB 23 1943

Registration District No. **1943 318**

Primary Registration District No. **1003**

Registrar's No. **1399**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Emergency to City Hospital 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

In this community _____ years, months or days
3. (a) PRINT FULL NAME **William H. Meyers**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ida Meyers** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Feb. 14th 1868** (Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Flag and attendant**

11. Industry or business

MOTHER FATHER
12. Name **Michael Meyers**
13. Birthplace **Alsace Lorraine** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Thomas**
15. Birthplace **Paris France** (City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Meyers**

(b) Address **7029 Chalozan Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-12-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Wegshayer**

(b) Address **228 So. Kingshighway Blvd.**

19. (a) **FEB 12 1943** (Date received local registrar) **J. T. Brudack** (Registrar's signature)

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. **7029 Chalozan Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No?)

20. DATE OF DEATH: Month **Feb.** day **9th** year **1943** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **JAN 12, 1943**, to **JAN 30 Feb. 9, 1943**, that I last saw him alive on **JAN. 20, 1943**, and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY Embolism**

Due to **Ch. R. Myocarditis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Geo. F. Seiler** (M. D. or other) **MD**

Address **2323 Lafayette** Date signed **2/10/43**

Duration

20 min.

_____ yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

X32873

Mr Geo. Seile
2322 Lafayette
St
2323

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 Elmer A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.