V. S. No. 2
50M—5-42
Rev. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7654

FILED MAR 11 1943

Registration District No. 1944 Primary Registration District No. 101 Registrar's No. 403

P6 2 3

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State: Mo. (b) County: St. Louis

(c) City or town: Manchester (If outside city or town limits, write "RURAL") 0

(d) Street No. 712 Rock Hill Rd. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country: /

3. (a) PRINT FULL NAME: Charles 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: widower

6. (b) Name of husband or wife: Pauline Meyer

6. (c) Age of husband or wife if alive: 1880 years

7. Birth date of deceased: June (Month) 23 (Day) ~~1875~~ (Year)

8. AGE: Years 67 ~~67~~ Months 7 Days 22 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Ice wagon driver

11. Industry or business: Odd Jobs

FATHER 12. Name: Louis Meyers

FATHER 13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name: Mary Bauersteffen

MOTHER 15. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Carl Vertegone (Name) (Relationship)

(b) Address: 712 N Rock Hill Rd (Street and number or place, town, county, state)

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

(c) Place: burial or cremation: S Peter & Paul

18. (a) Signature of funeral director: MITTELBERG FUNERAL HOME

(b) Address: WEBSTER GROVES, MO.

19. (a) Feb-15-43 (Date received local registrar) (b) E G McCarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1943 hour 8 minute :50 p. M.

21. I hereby certify that I attended the deceased from 2-8-43, 19..., to 2-14-43, 19...; that I last saw him alive on 2-14-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure — Duration: 0 min.

Pulmonary edema — 2 da.

Hypertrophy of artery sclerotic

Due to: heart disease — 10 yr.

Sclerosis of liver — 6 yr.

Due to:

Other conditions (Includes pregnancy within 3 months of death):

Major findings: Of operations: 12 4 P.

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? (Specify type of place)

(e) Means of injury:

While at work?

23. Signature: Robert A. Hall (M. D. or other): M.D.

Address: St. Louis County Hosp. Date signed 2-15-43

(Licensed Embalmer's Statement on Reverse Side)

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 G W Wilkinson

Licensed Embalmer No. 3575

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.