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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8580

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2779

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: Jewish Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Missouri (b) County 3

(c) City or town University City 5 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 720 Syracuse
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Allan Leslie Meyer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 25, 1929
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Day 27 If less than one day hr. min.

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

10. Usual occupation At school

11. Industry or business

FATHER
12. Name Irving Meyer
13. Birthplace Grodno USSR 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther White
15. Birthplace USSR 6
(City, town, or county) (State or foreign country)

16. (a) Informant V. Zimmerman
(b) Address 762 Kingsland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson Ave.

19. (a) MAR 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22d
year 1943 hour 11 P.M. minute M.

21. I hereby certify that I attended the deceased from 3/19, 1943 to 3/22, 1943; that I last saw h alive on 3/22, 193; and that death occurred on the date and hour stated above.

Immediate cause of death Staph Septicemia Embolism to lung

Due to Cellulitis of right arm Cause not known

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Julius Elson (M. D. or other)

Address 4500 Olive Date signed 3/23/43

(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.....

Licensed Embalmer No. 1597

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.