

S. No. 2
FORM-5-42
REV. 5-17-39
31 X32873

8584

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAR 20 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 625 So. Skinker /
 (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:

(a) State..... Missouri (b) County.....
 (c) City or town..... Saint Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 625 So. Skinker
 (If rural, give location)
 (e) Citizen of foreign country?..... No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Theodore C. Meyer
 3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 th
 year 1943 hour 2 minute 20 A M.
 21. I hereby certify that I attended the deceased from work
 1940 to work 2, 1943
 that I last saw him alive on work 11, 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha Meyer
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Sept 29 - 1864
 (Month) (Day) (Year)

Immediate cause of death
 Diabetic Paralysis
 Due to Diabetic ketosis
 Due to arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations: Of autopsy:

8. AGE: Years Months Days If less than one day
 78 5 13 hr. min.

9. Birthplace Quincy Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business

12. Name George Meyer

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

14. Maiden name Louise Stiesmeyer

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Meyer

(b) Address 625 So. Skinker

17. (a) Cremation (b) Date thereof 3/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd.

19. (a) MAR 12 1943 (b) J.F. Beedeck
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 23. Signature: J.F. Beedeck (M. D. or other)
 Address: 203 Brimmer St. Date signed: 3/17/43

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

MOTHER FATHER

Dr. Louis H. Hempelman

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 Paul Summer, Registered Apprentice No. 351

working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. ~~66~~ 2901
P. O. Address University City, Mo.

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.