068
S. No. 2
—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12500

State File No.

FILED MAY 12 1943 818

Registration District No.

Primary Registration District No. 1007

Registrar's No. 4104

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

1. PLACE OF DEATH:

(a) County

(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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 910

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3767 Penrose
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. 490-20-8187

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma Meyer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May (Month) 23 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	7	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business Nil

FATHER
12. Name Wm. Meyer
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dora Weineke
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Lydia Manley

(b) Address 5928 Garesche Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Old Bethlehem Cemetery

18. (a) Signature of funeral director Quedmeyer & Sons

(b) Address 3934 N. 20th St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30, year 1943 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from April 28, 1943 to April 30, 1943 that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia.

Due to

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.

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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 Franz U. Heinberg (M. D. or other) M.D.

Address 1515 Lafayette Avenue, Date signed 4/30/43

(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.....Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address. 5934 Alpha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.