V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12506

FILED MAY 3 1943 818

Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 3790

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Affton (If outside city or town limits, write "RURAL") N.R.

(d) Street No. 9430 McKenzie Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- / years.

3. (a) PRINT FULL NAME THOMAS KENNETH MEYER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 9 (Day) 1943 (Year)

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

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

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name ELMER A. MEYER
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name VIRGINIA COOUR
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elva Meier

(b) Address Lutheran Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 24 43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Helderle Und. Co.

(b) Address 3634 Gravois Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23 year 1943 hour 1 minute 07 A.M.

21. I hereby certify that I attended the deceased from APRIL 9, 1943, to APRIL 23, 1943; that I last saw him alive on APRIL 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Congenital	
Due to	
Other conditions Premature (Include pregnancy within 3 months of death)	
Major findings: Of operations 157	
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)

While at work? (e) Means of injury

23. Signature Otto C. Hansen (M. D. or other)

Address 3157a Park — O Date signed 4/23/43

(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.

Not Embalmed

Signed Frank J. Ryland

Licensed Embalmer No. 2645

P. O. Address St Louis 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, above space should be left blank.