

FILED JUN 14 1943
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5147

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

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

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000
17
915

(a) State Missouri (b) County

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

(d) Street No. 462 1/2 Delor
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Meier

3. (b) If veteran, name war

3. (c) Social Security No. 489-05-1033

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Stella Dreher Meier

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 2, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	49	11	29	hr. min.

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

10. Usual occupation Planer

11. Industry or business Medart Company

12. Name John Meier

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Zwick

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

16. (a) Informant Stella Meier

(b) Address 462 1/2 Delor Street

17. (a) burial (b) Date thereof 6/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JUN 4 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1943 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan., 1941, to May 31, 1943
that I last saw him alive on May 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:

Rheumatic Heart Disease (3y)
Valvular Heart Disease (6y)
Due to Arterio-Sclerosis 24
Coronary Artery
Due to Disease
Myocardial Damage
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None

Of operations: None

Of autopsy: None

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) NO

(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 George P. Sullivan (M. D. or other) med

Address 421 W. Schermer Date signed 6/2/43

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Travis.*

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.