

7954

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30307**
Registrar's No. **8627**

Registration District No. **1943** **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days
(Specify whether years, months or days)

In this community 0 years, months or days

3. (a) PRINT FULL NAME Frank 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 single

6. (b) Name of husband or wife ---

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 (about) hr. min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business ---

12. Name Henry Meyer

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

14. Maiden name Catherine Hehman

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

16. (a) Informant M. Renard

(b) Address City Hospital, 1515 Lafayette

17. (a) Autonomous Burial (Burial, cremation, or removal) (b) Date thereof 9/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Kutler St

19. (a) SEP 30 1943 (Date received local registrar) J. F. Buelcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County St. Louis 25

(c) City or town St. Louis 001
(If outside city or town limits, write "RURAL")

(d) Street No. Sty Hall - 6 + Second 7
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20, year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from September 8, 1943, to September 20, 1943 that I last saw him alive on September 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to ---

Due to ---

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: ---

Of operations ---

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? ---

While at work? --- (Specify type of plane) (e) Means of injury ---

23. Signature Paul S. Herbst (M. D.) 9/20/43
Address 1515 Lafayette Avenue Date signed 9/20/43

8698

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.....

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.