

FILED NOV 20 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9899**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5510 Dewey
(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)

3. (a) PRINT FULL NAME Casper Meyer

3. (b) If veteran, name war NO.
3. (c) Social Security No. 489-03-2010

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Louise Meyer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept-19-1897
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Beer Bottler
11. Industry or business Anheuser-Busch

MOTHER FATHER
12. Name William Meyer
13. Birthplace Germany _____
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Schmidt
15. Birthplace Germany _____
(City, town, or county) (State or foreign country)

16. (a) Informant Urline Gann
(b) Address 5510 Dewey Av.

17. (a) Burial (b) Date thereof 11-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director With Bro. L. H. Co.
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 12 1943 (b) J. S. Budeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5510 Dewey Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1943 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1943 to Nov 11 1943
that I last saw him alive on 11-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
Portal obstruction _____
Duration 1 year

Due to _____
Due to _____

Other conditions Ch. Myocarditis
(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) 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)
Means of injury _____
23. Signature J. S. Budeak M.D. (M. D. or other)
Address 5417 So Grand Blvd Date signed 11-12-43

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

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

2929 S. Jefferson

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.