

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 29 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 10964

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: DePaul Hospital
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9.5
(d) Street No. 5722 Westminster (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert 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 Married

6. (b) Name of husband or wife Martha Meyer 6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years about 72 Months -- Days -- If less than one day _____ hr. _____ min.

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

10. Usual occupation Section Mgr.

11. Industry or business Famous-Barr Co.

12. Name Herman Meyer

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

14. Maiden name unknown

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

16. (a) Informant Herman Meyer
(b) Address 5722 Westminster

17. (a) Burial (b) Date thereof 12-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) DEC 11 1943 (b) J.F. Briedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 28 1943 to Dec 9 1943; that I last saw him alive on Dec 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation Duration Over 2 weeks

Due to Chronic Myocarditis Over 2 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)
(c) Means of injury _____
23. Signature J.C. Campbell (M. D. or other) M.D.
Address 5427 Delmar Date signed _____

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

MOTHER FATHER

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..... *William Herons*

Licensed Embalmer No. *4319*

P. O. Address. *5216 Delmar*

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.