

FILED APR 13 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3473
880
17
115

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

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:
4531 Nebraska
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65-11-19 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry J. Meyer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married
divorced

6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 14 1878
(Month) (Day) (Year)

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

65 11 19 hr. min.

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

10. Usual occupation Master Plumber

11. Industry or business

12. Name Henry Meyer Sr.

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

14. Maiden name Anna Susanka

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

16. (a) Informant Martha Meyer

(b) Address 4531 Nebraska

17. (a) Cremation (b) Date thereof 4-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director J. F. Schumacher

(b) Address APR 4 3013 Meramec

19. (a) 344 J. F. Schumacher (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4531 Nebraska
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 5, 1944 to Apr 7, 1944
that I last saw him alive on Apr 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 place)

(e) Means of injury 0

23. Signature Robt Oberbar (M. D. or other)
Address 366 1/2 So. Broadway Date signed 4-3-44

