

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
Firmia Desloge
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Meyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race w
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: July 7 1944
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 33 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Meyer ff
 13. Birthplace _____ Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Rosalina Bahner
 15. Birthplace Kentown Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Meyer
 (b) Address 3006 California

17. (a) _____ (b) Date thereof July 7 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director Bridget F. H. Doe

(b) Address 1936 St. Louis Ave.

19. (a) JUL 7 1944 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 2417
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3006 California Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1944 hour 6 minute 50 a. m.

21. I hereby certify that I attended the deceased from on July 7, 1944
 _____, 19____, to _____, 19____;

that I last saw him alive on July 7, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive right heart failure

Due to _____

Due to _____

Other conditions: Subdural hematoma, congenital stelectasis
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsy: Subdural hematoma congenital stelectasis, congestion of liver, spleen's lungs

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? _____

(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 Erwin T. Huber (M. D. or other) MD

Address 400 Theatre Bldg Date signed 7-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
43
39
35597

FILED JUL 13 1944

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.....

working under my personal supervision.

Registered Apprentice No.....

J. H. Embalmer
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.