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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29027

Registration District No. 818 Primary Registration District No. 1003

Registrar's No. 5842

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 723 Interdrive
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sam Meyer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Ida Meyer

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

7. Birth date of deceased Apr. 1, 1876 ~~1882~~ (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68 ~~62~~	2	26	hr. min.

9. Birthplace (City, town, or county) 6 Roumania (State or foreign country)

10. Usual occupation Building contractor

11. Industry or business

MOTHER FATHER

12. Name Gedaliah Elijah Meyer

13. Birthplace (City, town, or county) 6 Roumania (State or foreign country)

14. Maiden name Malka (unk.)

15. Birthplace (City, town, or county) 6 Roumania (State or foreign country)

16. (a) Informant Harry A. Meyer

(b) Address 7265 Princeton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) JUL 29 1944 J. F. Bodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 10, 1944 to June 27, 1944 that I last saw him alive on June 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs.
Due to Chronic Myocarditis and Ga. arteriosclerosis	yr.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Cecilia Sindler (M. D. or other) M.D.

Address 2202 University St. Date signed 6/28/44

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Gundlach, 2202 University

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. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.