S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36181

FILED NOV 22 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9642

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: St. Lukes Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy (If outside city or town limits, write "RURAL")
(d) Street No. 1519 Engelholm Avenue. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick H. Meers.

3. (b) If veteran, name war None
3. (c) Social Security No. 497-05-0054

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Elise C. Meers.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased December (Month) 11, (Day) 1894. (Year)

8. AGE:

Years	Months	Days	If less than one day
49	11	2	hr. min.

9. Birthplace St. Charles Co. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Carpenter.
11. Industry or business
FATHER
12. Name Herman Meers.
13. Birthplace St. Charles Co. (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Sandford.
15. Birthplace St. Charles Co. (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Mrs. Elise C. Meers.
(b) Address 1519 Engelholm Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1944. (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) NOV 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th. year 1944 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 18, 1943 to November 13, 1944 that I last saw him alive on November 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicaemia Probably pneumococcus	6 days.
Due to	
Due to	
Other conditions Cholelithiasis (Include pregnancy within 3 months of death)	1939

126

Major findings: Of operations Gall stones Cholecystitis
Of autopsy None.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. [illegible]) 10
Address [illegible] Date signed 11-13-44

(Licensed Embalmer's Statement on Reverse Side) [illegible] Sons 12, Mo

Dr. Fred Clark.
864 Hamilton Avenue.
Hours 2 to 30 P.M.
Tele. Cabanny 2354

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 Ben E Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Mo

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.