

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

State File No. **4597**
Registrar's No. **1597**

FILED MAR 3 1945

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1003

Registration District No. Primary Registration District No.

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:
Fair Grounds Hotel 3644 Natural Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
In this community 83 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Natural Bridge & Spring Ave.
3644 Natural Bridge
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINTED FULL NAME Mr. Edward Meyersick
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, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive September 1st, 1861 years
7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 15th.
year 1945 hour 9:15 PM. minute 00 M.
21. I hereby certify that I attended the deceased from July 15, 1945 to July 15, 1945
that I last saw him alive on July 15, 1945
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>83</u> | <u>5</u> | <u>14</u> | hr. _____ min. _____ |

Immediate cause of death Pulmonary Edema Duration 1 day
Due to Heart Cardiac Dilatation
Due to General Arterio Sclerosis
Other conditions (include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business.....
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Salzmann

(b) Address 3937 Sullivan Ave.
17. (a) Burial (burial, cremation, or removal) Burial (b) Date thereof 2-19-45
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.
19. (a) FEB 19 1945 (b) J. J. Bruleck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....
Signature H. G. Henning (M. D. or other) 0
Address 4548 Harrison Date signed 7/16/45

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

0
7
9

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 John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.