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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7171

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 445

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1049 Veronica Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles W. Meyers

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 years

7. Birth date of deceased October 17, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	3	27	hr. min.

9. Birthplace Chicago (City, town, or county) Ills. (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Donald F. Meyers
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kettler
15. Birthplace Granite City (City, town, or county) Ills. (State or foreign country)

16. (a) Informant Donald F. Meyers
(b) Address 1049 Veronica Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 15 1945 (Date received local registrar) (b) E G Yaurow (Registrar's signature) Bill

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1945 hour 6:15 PM minute M.

21. I hereby certify that I attended the deceased from Jan 25, 1945, to Feb. 13, 1945
that I last saw him alive on Feb. 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Spina Bifida

Due to Hydrocephalus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration

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 [signature] (M. D. or other) M.D.

Address 4952 Maryland Date signed 2/14/45

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1945

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 William G Buchholz

Licensed Embalmer No. 2110

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.