. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15387

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5129

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3538 Humphrey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rev. Frederick A. C. Meyer
3. (b) If veteran, name war ——
3. (c) Social Security No. ——

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adelaide M. Meyer
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased November (Month) 8, (Day) 1879 (Year)

8. AGE: Years 65 Months 6 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Pastor
11. Industry or business Ministry

FATHER
12. Name Frederick Meyer
13. Birthplace Hamburg, (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Rehmer
15. Birthplace Darmstadt, (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Adelaide Meyer
(b) Address 3538 Humphrey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery, Cem Hill.
18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Ave.
19. (a) MAY 11 1945 (Date received local registrar) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1945 hour 7: minute 00 A. M.
21. I hereby certify that I attended the deceased from April, 1945, to May 10, 1945 that I last saw h alive on May 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis — Duration May 8
Due to Carcinoma of the Head of the bile ducts (Primary) —
Due to
Other conditions (Include pregnancy within 3 months of death) Hot
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 a M Grant (M. D. or other) M.D.
Address 3451 Grandel Sq Date signed May 10 1945

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.