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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. 18526

FILED JUN 30 1945

Registration District No. 318

Primary Registration District No. 0003

Registrar's No. 5212

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (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. 4230 Maffitt Ave
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Robert Atmeyer

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 Mary Atmeyer

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

7. Birth date of deceased July (Month) 28 (Day) 1886 (Year)

8. AGE: Years 58 Months 9 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Blacksmith

11. Industry or business Scullin Steel Co

MOTHER FATHER

12. Name Thomas Atmeyer

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

14. Maiden name Harriet Parrott

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

16. (a) Informant Mrs Mary Atmeyer

(b) Address 4230 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 N Grand Ave

19. (a) JUN 13 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 1, 1941, to June 12, 1945 that I last saw him alive on June 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart — Duration

Due to Myocarditis with Hypertrophy

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Large heart Hypertrophy of Left Ventricle dilatation

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? .....

While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature A W Peters (M. D. or other)

Address 4145 S Grand Date signed .....

(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 Robert L. Buckman

Licensed Embalmer No. H-3553

P. O. Address.....

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.