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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35631

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 19093

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 15 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4404a So. Grand Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELMER R. MEYER

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 494-09-4740

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 25th. 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	10	25	hr. min.

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

10. Usual occupation Stage Hand

11. Industry or business Loew State Theatre

FATHER
12. Name Frank R. Meyer
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Clementine Flack
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Edith Mayer
(b) Address 4404 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette ave.

19. (a) NOV 21 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1945 hour 3 minute 40 a.m.

21. I hereby certify that I attended the deceased from Nov. 8, 1945, to , 1945
that I last saw him alive on Nov 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 hour

Due to

Due to

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

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 William Weiss (M. D. or other)
Address 3661 Lafayette Av Date signed Nov 20 45

(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 Frank D. Owens

Licensed Embalmer No. 2245

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.