

No. 2
5-43
5-17-39
I X36671

FILED JAN 21 1946
Registration District No. **37**

Primary Registration District No. **3065**

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
Res: 25 Moreland Place,
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME ALFRED A. MEYER.

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male, 5. Color or race White,

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

6. (b) Name of husband or wife Grace Walsh Meyer,

6. (c) Age of husband or wife if alive 44. years

7. Birth date of deceased December 17, 1898.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47. 0. 26. hr. min.

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

10. Usual occupation Stocks & Bonds Broker.

11. Industry or business I. M. Simon & Company.

MOTHER FATHER

12. Name Alfred C. F. Meyer.

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Christine Arnold.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant John P. Meyer.

(b) Address Huntleigh Village.

17. (a) Burial. (b) Date thereof 1/14/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Bly'd.

19. (a) 1-14-46 (b) E. M. Devenant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,

(c) City or town Glendale (Kirkwood)
(If outside city or town limits, write "RURAL")

(d) Street No. 25 Moreland Place.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1946
to Jan 12, 1946
that I last saw him alive on Jan 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic and involvement of vital centers.

Due to Squamous cell carcinoma of tongue with rapid extension and metastasis.

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 Edmund K. Hammet (M. D. or other) M.D.
Address 4117 Kirkwood Rd. Date signed 1/17/46

Dr. Hamilton
#610 W. Washington
Richwood
Mo. 1768.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.