

No. 2
-5-43
5-17-39
I X3687

FILED FEB 18 1946

Registration District No. **570** Primary Registration District No. **3058**

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

1. PLACE OF DEATH:

(a) County St. Charles

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

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

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward G. Meyer

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna E. (Lemke) Meyer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 6, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>26</u>	<u>hr.</u> <u>min.</u>

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

10. Usual occupation Retired Grocer

11. Industry or business

12. Name Henry Meyer

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

14. Maiden name Cecelia (unknown)

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

16. (a) Informant Ralph & Maurice Meyer
(b) Address (Sons)

17. (a) burial (b) Date thereof Jan 5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter-St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Jan 6-46 (b) Frank Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 823 North Benton
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1946 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from April, 1945 to Jan, 1946
that I last saw h. sur alive on Jan 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia
Pulmonary edema
Due to nephrosclerosis

Due to

Other conditions chronic myocardial
(Include pregnancy within 3 months of death) regeneration

Major findings:
Of operations

Of autopsy 13/16

Duration 10 days

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) (2) Means of injury

23. Signature Vincenta Schuler (M. D. or other)
Address St Charles, Mo Date signed 1/4/46

RECEIVED.

District Health Officer No. 9,

District File Number _____

Date Filed 2-15-46

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 _____

Philip A. Miceli

Registered Apprentice No. 388

working under my personal supervision.

Signed *John E. Gallmeier*

Licensed Embalmer No. 2951

P. O. Address *St Charles 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.