S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

6650

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7730

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1896

**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: 3501a S. Grand Blvd
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3501a S. Grand Blvd. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry J. Meyer

3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 10 (Day) 1878 (Year)

8. AGE: Years 67 Months 10 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Tinner
11. Industry or business

MOTHER FATHER
12. Name Frederick W. Meyer
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Mary Gaehner
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Marie Meyer
(b) Address 3501a S. Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Walter-Heldele
(b) Address 3634 Gravois Ave.
19. (a) FEB 26 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 23 year 1946 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 1/11/39, to 2/23/46, that I last saw him alive on 2/23/46; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration not known
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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 0

23. Signature Laurence Schlueter (M. D. or other) M.D.
Address 3515 S. Grand Date signed 2/25/46

(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 J. Ohland

Licensed Embalmer No. 8645

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.**