

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess 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)

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

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Meyer 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 31 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 0 hr. min.

9. Birthplace New Haven Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Henry Meyer

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

14. Maiden name Louisa Hahne

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

16. (a) Informant Herbert E. Meyer

(b) Address New Haven, Missouri

17. (a) Burial (b) Date thereof 4-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 3 1946 (b) Registrar's signature J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town New Haven
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location) NR!
(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1946 hour 5 minute 53 P. M.

21. I hereby certify that I attended the deceased from 7-9, 1945, to 4-1, 1946
that I last saw him alive on 4-1-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Carcinoma Stomach
Of operations.....
Of autopsy..... no

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 J. F. Brudeck (M. D. or other) 0
Address 607 N. Grand Date signed 4-3-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13903

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..... *Elmer R. Sadtwell*

Licensed Embalmer No. *4077*

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.