

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

15011

FILED MAY 31 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 3696

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:
3915 Schiller 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)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3915 Schiller Place
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Willaim C. Meyer

(b) If veteran, name war.....

(c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 3 minute 35 PM

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 6, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7-1944 to April 20, 1946 that I last saw him alive on April 20, 1946 and that death occurred on the date and hour stated above.

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

67 9 14 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

9. Birthplace Marine Illinois
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

10. Usual occupation Clerk

Due to Chronic Rheumatoid Arthritis 15 yrs.

11. Industry or business Wholesale Hardware

Other conditions Cerebral Vasculum Renal Disease

12. Name Herman Meyer

Major findings: Of operations.....

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

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

14. Maiden name Caroline Overbeck

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

16. (a) Informant Mrs. Anna Meyer

(b) Address 3915 Schiller Place

17. (a) Burial (b) Date thereof 4/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) APR 23 1946 (Registrar's signature) J. F. Brudeck

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) (c) Means of injury

23. Signature Ermine Ploehn (M. D. or other).....

Address 2728 Geyer Ave Date signed 4-22-46

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

13941

2728 Taylor Ave

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 Wm A Stewart

Licensed Embalmer No 3722

P. O. Address 412 Duchouquette St.

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.