

S. No. 2
M-5-43
5-17-39
X36671

FILED MAY 16 1948

Registration District No. **348** Primary Registration District No. **1003** Registrar's No. **4018**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hos'p
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sol Meyer Jr.
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Florence Baum Meyer
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased June 12 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>19</u> hr. min.

9. Birthplace Monroe Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business General Merchant

12. Name Sigmund Meyer

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

14. Maiden name Mavis Mayer

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

16. (a) Informant Florence Meyer

(b) Address 5532 Waterman Ave

17. (a) Burial (b) Date thereof 5/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

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

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. 5532 Waterman Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from October, 1943 to May 1, 1946 that I last saw him alive on May 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 10 yrs.

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy Coronary infarction
Nephrosclerosis

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) (e) Means of injury.....

Signature H. Schupp bldg. (M. D. or other) 0

Address University City bldg. Date signed 5-2-46

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

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..... *J. Allen Davis Jr*.....
Licensed Embalmer No. *4053*.....
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.