

18715
4788

FILED JUN 3 1946
Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 54 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22nd
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1510 Market St.
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

CHARLES MEYERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ?? years
7. Birth date of deceased April 25th, ??
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
<u>abt</u>	<u>75?</u>			hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER
12. Name John
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 11

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital.

17. (a) Anatomical Board (b) Date of death 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. R. ...
(b) Address 3509 Rutledge St.

19. (a) MAY 28 1946 (b) J. F. ...
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1946 hour 6:10 minute P M.

21. I hereby certify that I attended the deceased from 5/8/46
to 5/13/46, 1946, to 5/13/46, 1946;
that I last saw him alive on 5/13/46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure Duration two weeks

Due to Atherosclerotic Cardiac Vascular disease 7 years

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Anatomical Board
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
Signature Herbert G. Street 5/24/46
1515 Lafayette
Address Date signed May 16

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.....

Licensed Embalmer No.....

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.