

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22024**
Registrar's No. **5310**

Registration District No. **318** Primary Registration District No. **1003**

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:
2215a N. 13th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **47 years** (Specify whether years, months or days)

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. **2215a N. 13th. St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **14th.**
year **1946** hour **6** minute **12 P. M.**

4. Sex **male** 5. Color of 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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased **February 3rd 1899**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
47 **4** **11** hr. _____ min.

Immediate cause of death:
*Chronic Endocarditis with
Chronic Myocardial Damage
to Left Ventricle*
Duration _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Truck Driver**

MOTHER FATHER
11. Industry or business _____
12. Name **August Meyer**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Della Sullivan**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

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 **3**

16. (a) Informant **August Meyer**
(b) Address **2215a N. 13th. St.**
17. (a) **Burial** (b) Date thereof **6-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Hy. Leidner, U. Co.**
(b) Address **2223 St. Louis Ave.**
19. (a) **JUN 15 1946** (b) *J. F. Bredeau*
(Date received local registrar) (Registrar's signature)

22. Signature *W. H. Perry* (M. D. or other) _____
Address *St. Louis* Date signed *6/15/46*

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

20000

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.....

John P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

2223 St. Louis

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.