

STANDARD CERTIFICATE OF DEATH

22025

State File No. _____

5558

FILED

JUN 3 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's 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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lmo. 3ds.
In this community 60 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4314 Gannett
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 2.30 minute P M.
21. I hereby certify that I attended the deceased from May
20, 1946, to June 22, 1946;
that I last saw him alive on June 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease 5/20/46x
Due to _____

Generalized Arteriosclerosis 5/20/46x
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME PHILIP MEYER

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 Wid.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sheet metal worker

11. Industry or business _____

12. Name John Meyer

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

14. Maiden name Philomena

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

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Kildete
(b) Address 3634 Gravois Ave.

19. (a) JUN 24 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

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 Paul T. Hartman (M. D. or other) _____
Address 5400 Arsenal Date signed 6/24/46

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.....

Frank J. Gland

Licensed Embalmer No. *62645*

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.