

FILED SEP 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 367

Primary Registration District No. 3070

Registrar's No. 1992

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Cottage Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Three years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Webster Groves 19
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Cottage Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred H. Meyer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Malinda Meyer 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased Mar. 30 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 24 hr. _____ min.

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

10. Usual occupation Salesman retired

11. Industry or business Grocery

12. Name John Henry Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Manderfeld
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Trumble
(b) Address 207 Cottage Ave

17. (a) burial (b) Date thereof 9-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Church Yard

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves 19 Mo

19. (a) 9-26-46 (b) Ruth A. Leonard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1946 hour 6 minute 00 a. M.

21. I hereby certify that I attended the deceased from 9/18
1944, to 9/23, 1946
that I last saw him alive on 9/23/46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 1 wk
Due to Arteriosclerosis Generalized 10 yrs.
Cardiac enlargement

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

Major findings: _____
Of operations _____
Of autopsy _____

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 John King (M. D. or other) _____
Address 674 E. 13th St. St. Louis Date signed 9/24/46

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

30117

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 M. Simone*

..... Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zephyr Pl
Maplewood, N.J.*

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.