S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34629

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 3038

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 8929 Flavice
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Meyers, Henry G.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Meyers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	28	hr. min.

9. Birthplace Reedsburg, (City, town, or county) Wisc. (State or foreign country)
10. Usual occupation Plumber Retired
11. Industry or business
FATHER 12. Name Henry Meyers
13. Birthplace (City, town, or county) Wisc. (State or foreign country)
MOTHER 14. Maiden name Dora
15. Birthplace (City, town, or county) Wisc. (State or foreign country)
16. (a) Informant Mrs. Everett Meyers
(b) Address Hi- 0755
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Ave.
19. (a) 10-15-46 (Date received local registrar) (b) Ruth Dallenbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1946 hour 7 minute a M.
21. I hereby certify that I attended the deceased from October 8th 1946 to October 13th 1946 that I last saw him alive on October 13th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis of Right middle Cerebral Artery	
Due to Generalized Arteriosclerosis	
Due to 836	
Other conditions Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
While at work (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Clement J. McNeary

Licensed Embalmer No. 3732

P. O. Address 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.