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

State File No. \_\_\_\_\_

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 2095

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town 66 + Halls Ferry Rd  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town R.R. #2 Patterson Road  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Henry Meyer  
(b) If veteran, name war World War #2 (c) Social Security No. 495-22-2270

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 6  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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 August 12 1919  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
27 1 24 hr. \_\_\_\_\_ min.

Immediate cause of death Wounds of head while occupant of automobile which collided with another  
Due to CAR

9. Birthplace Florissant Mo  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmland General

Major findings:  
Of operations \_\_\_\_\_  
XXXXXX

11. Industry or business \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Oct. 6, 1946  
(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public road.  
(Specify type of place)

12. Name John L. Meyer

13. Birthplace Florissant Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Bippin

15. Birthplace Florissant Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Meyer

(b) Address R.R. #2 Patterson Rd.

17. (a) Burial (b) Date thereof 10 9 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cem.

18. (a) Signature of funeral director J. H. Clark

(b) Address 1123 Hickman St. Louis Mo

19. (a) 10-8-46 (b) Paul J. Allen  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ Means of injury Blunt im-  
act

23. Signature Small J. Wellmann  
Clayton, Mo. Date signed 10/8/46

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 25 1967

OCT 15 1946

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 *Alfred J. Bredesen*.....

Licensed Embalmer No. *2663*.....

P. O. Address *5934 Alpha*.....

**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.**