

No. 2
12-45
17-39
X47070

FILED MAR 3 1947

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No.

1711

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Alexander T. Meyers

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex M Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elsa B. Meyers 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 6 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Foreman Street Clean Dept City of St. Louis

11. Industry or business City of St. Louis

12. Name Charles W. Meyers

13. Birthplace Janesville Wis. (City, town, or county) (State or foreign country)

14. Maiden name Lillian Turtle (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Elsa B. Meyers

(b) Address 3330 So. Compton Ave.

17. (a) Burial (b) Date thereof 2/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Searle

(b) Address 3634 Gravois Ave.

19. (a) FEB 19 1947 (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

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. 3330 So. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 th. year 1947 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 11 1947 to 2/18/47
that I last saw him alive on 16 - Feb 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Rectum Duration 3 yrs

Due to H6

Due to

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

Major findings: Hypertrophied Prostate
Of operations: Carcinoma Rectum
Of autopsy: none

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 J. F. Bredek (M. D. or other)

Address 622 Grand Date signed 2/18/47

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..... *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *Stam M*

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.