S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 7258

Registrar's No. 304

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4436 Penrose St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME George A. Meyer

3. (b) If veteran, name war World #1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Josephine Meyer nee Knab

(c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 11, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	2	27	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business

FATHER
12. Name August Meyer
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Bacher
15. Birthplace Black Jack (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Josephine Meyer
(b) Address 4436 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cemetery Jeff. Bks, Mo.

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) 2-11-47 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1947 hour 5:40 P.M. minute M.

21. I hereby certify that I attended the deceased from January 13th, 1947 to February 8, 1947;
that I last saw him alive on Feb 8, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: my. carditis chronic	1-2 years
Due to coronary artery disease	unk
Due to 93D	
Other conditions: cardiac decompensation (Include pregnancy within 3 months of death)	1 month

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Edward P. Reh M.D. (M. D. or other)
Address 462 No. Taylor Date signed 2-11-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1947

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 Gustav W. Dutlab

Licensed Embalmer No. 4329

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.