

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED MAR 31 1947  
318

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2889

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Infirmary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3/13/47 to 3/17/47  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County oac  
(c) City or town St. Louis 11/7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery St. 9  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HENRY MEUSER

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

4. Sex Male  5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 6 1870  
(Month) (Day) (Year)

8. AGE: Years 76; Months 8; Days 11; If less than one day hr. min.

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

10. Usual occupation Nil

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

12. Name Charles Meuser 4

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

14. Maiden name Catherine ?

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St

17. (a) Burial (b) Date thereof March 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery.

18. (a) Signature of funeral director Jegenheim Bros.  
(b) Address 6409 Gravois Ave.

19. (a) MAR 18 1947 (b) J. P. Dredel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1947 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 13, 1947, to March 17, 1947; that I last saw him alive on March 17, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to 9:30  
Due to \_\_\_\_\_

Other conditions Arteriosclerotic Heart disease  
(Include pregnancy within 3 months of death)

Malnutrition, Antinomias  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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 John E. Helms (M. D. or other) M.S.  
Address 5800 Arsenal Date signed 3/17/47

**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 Rex P. Campbell  
.....  
Licensed Embalmer No. 388  
.....  
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.**