

No. 2  
12-45  
17-39  
X47070

FILED MAY 31 1947

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Richmond / Mo  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5346 Emerson  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roman Meury

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-01-8947

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 December 23 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Basil Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Carpenter

11. Industry or business Krey Packing Co.

12. Name Fridolin Meury

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

14. Maiden name Josephine Miury

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

16. (a) Informant Walter Schmid

(b) Address 4723 Anderson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) 574-47 (Date received local registrar)

(b) Carol A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1947 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Apr 2 to May 10 1947  
that I last saw him alive on May 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
cause duodenal (Sigmoid) 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Gen. peritonitis

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 C. Kleinschmidt (M. D. or other)

Address 508 N. Grand Date signed 5/12/47

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

MOTHER FATHER

MAY 22 1947

JUL 29 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..... *Anthony J. Meili* .....  
Licensed Embalmer No. *4277* .....  
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.