S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43326

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12092

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3620 No 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger 9
(c) City or town Jackson 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert E Meyers
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 18 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
88	10	12	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name H. J. Meyers
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name R May
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Noah Meyers
(b) Address 3620 No 9th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation HAHN Mo
18. (a) Signature of funeral director Rowland Mortuary Sic
(b) Address 4355 Washington
19. (a) JAN 2 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1947 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from November 8 1947, to December 30 1947; that I last saw him alive on December 30 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 yrs
Due to: Old age	
Due to Chronic bronchitis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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

23. Signature Nicholas Kegel (M. D. ~~or other~~)
Address 1116 Salisbury Date signed 12-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

12092

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 Ian M. Sizemore

Licensed Embalmer No. 4343

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.