

Registration District No. 377

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County... SL. COUNTY

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

(c) Name of hospital or institution:
7257 LYNDOVER 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 3 WEEKS years, months or days)

3: (a) PRINT FULL NAME DAVID CARL MEYERS

3. (b) If veteran, — name war

3. (c) Social Security No. —

4. Sex MALE Color or race WHITE

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased DEC-6-1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>—</u>	<u>21</u>	hr. <u>—</u> min. <u>—</u>

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER

12. Name LAWRENCE H. MEYERS

13. Birthplace WEBSTER GROVES MO
(City, town, or county) (State or foreign country)

14. Maiden name MABEL FRANCES GOLLER

15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence H. Meyers

(b) Address 1716 Beulah Pl, Richmond Heights

17. (a) CALVARY (b) Date thereof DEC 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) 12-28-47 (b) David Carl Meyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")

(d) Street No. 1716 BEULAH PL
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1947 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from 12/6/47 to 12/27/47

that I last saw him alive on 12/27/47 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature Labor

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Duration 21 days

PHYSICIAN —

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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) Means of injury

23. Signature John A. France (M. D. or other) MD

Address Maplewood MO Date signed 12/27/47

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.

No Embalming

Signed *W. C. Aldrich*.....

Licensed Embalmer No. *1332*.....

P. O. Address *Webster Grove*.....

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.