

FILED JAN 30 1948

1003

Registration District No. **318**

Primary Registration District No.

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

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: **5478 Delmar Blvd.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (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. **5478 Delmar Blvd.** **9**
12 (If rural, give location) **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME **David H. Meyer**

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

3. (c) Social Security No. **498-07-8029**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **19**, year **1948** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **May eleven**, 19**45**, to **January 19th**, 19**48**, that I last saw **him** alive on **January 19th**, 19**48**, and that death occurred on the date and hour stated above.

Duration

4. Sex **Male** **0** 5. Color or race **White**

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

6. (b) Name of husband or wife..... **Martha**

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

7. Birth date of deceased..... **August**, **21**, **1878**
(Month) (Day) (Year)

Immediate cause of death..... **Chronic Myocarditis - 6 mos.**

Due to **Chronic Interstitial Nephritis - 1 year.**

8. AGE:	Years	Months	Days	If less than one day
	69	4	28 hr. min.

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

9. Birthplace..... **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Type Writer Salesman**

11. Industry or business **Underwood Co.**

12. Name..... **Unkown**

13. Birthplace..... **Unkown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unkown**

15. Birthplace..... **Unkown** **4**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Richard T. Meyer**

(b) Address **1531 Gregg Ave.**

17. (a) **Burial** (b) Date thereof **1-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director.....

(b) Address **225 Union Blvd.**

19. (a) **JAN 20 1948** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

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 **John Cameron** (M. D. or other) **0**
508 N. Grand Blvd. Address **508 N. Grand Blvd.** Date signed **Jan. 20, '48.**

*Dr. Nelson
Funerary
508 N. Grand*

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 *Ernest W. Spillers*
Licensed Embalmer No. *4080*

P. O. Address _____

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.