

FILED JAN 16 1948 **318**

State File No. \_\_\_\_\_  
Registrar's No. **60**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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:  
**LUTHERAN ALTENHEIM**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 1/2 yrs**  
(Specify whether \_\_\_\_\_)  
In this community **3 1/2 Years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **021**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Lutheran Altenheim** **9**  
**8721 Haeckley Rd** (If rural, give location) **0**  
(e) Citizen of foreign country? **NO** (Yes or No)  
**NO** If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HERMAN MEYER**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **JAN** day **3RD**  
year **1948** hour **2** minute **45** A.M.  
21. I hereby certify that I attended the deceased from **July**  
**1947** to **Jan 3, 1948**  
that I last saw him alive on **Jan 1, 1948**  
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mary Luetkemeyer**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 10 1867**  
(Month) (Day) (Year)

Immediate cause of death **Senescent arteriosclerosis** **10 yrs.**  
Due to \_\_\_\_\_  
Due to **97**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
**80 11 23** hr. \_\_\_\_\_ min.

9. Birthplace **Hanover** **Germany 4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farmer**  
11. Industry or business **Retired**

**MOTHER, FATHER**  
12. Name **Herman Meyer**  
13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna M. Cordes** **Germany**  
15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

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)  
(c) Means of injury \_\_\_\_\_

16. (a) Informant **Lutheran Altenheim**  
(b) Address \_\_\_\_\_  
17. (a) **Burial** (b) Date thereof **January 6 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Reiderman Fu Home**  
(b) Address **1936 St. Louis Ave**  
19. (a) **JAN 5 1948** (b) **J.F. Bradock**  
(Date received local registrar) (Registrar's signature)

23. Signature **J.P. Murray** (M. D. or other) \_\_\_\_\_  
Address **5209 9th Bldg** Date signed **1/5/48**

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

AUG 20 1956

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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 Walter Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis Ave

**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.