

No. 2  
1/47  
17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 2852  
Registrar's No. 251

FILED JAN 16 1948  
Registration District No. 318

Primary Registration District No. ....

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:  
4237 Randall Place, /  
(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) 72 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County..... oad  
(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")  
4237 Randall Place, 1  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME..... FRANK J. MEYERPETER  
3. (b) If veteran, name war..... None 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... January day..... 8th  
year..... 1948 hour..... 3 minute..... 30 P M.

4. Sex..... Male  race..... White  
5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... widowed  
6. (b) Name of husband or wife..... Eugenia Meyerpeter  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1st 1948 to Jan 8 1948  
that I last saw him alive on Jan 8 1948 and that death occurred on the date and hour stated above.  
Duration 6 yrs

8. AGE: Years Months Days If less than one day  
About 72 hr. min.

Immediate cause of death.....  
@ Arteriosclerosis of Coronary Arteries  
Due to.....

9. Birthplace..... St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation..... Retired R.R. Teller

Other conditions.....  
(Include pregnancy within 3 months of death)  
Due to.....  
Major findings:  
Of operations.....  
Of autopsies.....

11. Industry or business.....  
12. Name..... Henry Meyerpeter, Missouri  
13. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Henrietta Fenewaldt, Missouri  
15. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant..... Mrs. Mary Kipfer  
(b) Address..... 4237 Randall Place,  
Burial  
(a) (Burial, cremation, or removal) (b) Date thereof..... 1-12-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... Calvary Cemetery  
18. (a) Signature of funeral director..... at a store  
(b) Address..... 2117 East Grand Blvd.  
19. (a) JAN 9 1948 (b) J. F. Bredeck  
(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?  
While at work? (Specify type of place)  
(e) Years of injury.....  
23. Signature..... J. J. Mehta (M. D. or other)  
Address..... 414 W. Forest Date signed..... 1/9/48

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

MOTHER FATHER

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.