No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6765

State File No. 1249

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Pronounced dead at City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5855 Washington 9
(If rural, give location)

5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BOYCE A. MEYER

3. (b) If veteran, name war no

3. (c) Social Security No. 489-16-6729

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lois Welles Meyer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan (Month) 14 (Day) 1900 (Year)

8. AGE: Years 48 Months 0 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 6 (State or foreign country)

10. Usual occupation Radio Repairing

11. Industry or business

FATHER
12. Name Henry W. Meyer
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dorothy Boehing
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lois Meyer Mo.

(b) Address 5855 Washington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1948 hour 4: minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic

Due to Aneurysm

Due to 9/6

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature Patrick C. Taylor (M. D. or other)

Address Dey Cor Date signed 2/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCullah

Licensed Embalmer No. 2460

P. O. Address 6170 Delma

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.