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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6767

Registrar's No. 2114

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: Alexian Brothers Hospital
(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)
In this community

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. 2840a S. 18th St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Meyers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September (Month) 19, (Day) 1888 (Year)
8. AGE: Years 59 Months 5, Days 10 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Huckster
11. Industry or business
FATHER 12. Name Louis Meyers
13. Birthplace St. Louis (City, town, or country) Missouri (State or foreign country) 0
MOTHER 14. Maiden name Anna Remme
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Anna Meyers
(b) Address 2840 S. 18th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29, year 1948 hour 1,50 minute A M.

21. I hereby certify that I attended the deceased from 2-9-48, 19, to 2-29, 1948, that I last saw him alive on 2-29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephrosis	3 yrs.
Due to: Diabetes mellitus	1 yr.
Due to: Chronic arteriosclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations
Of autopsy

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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other) MD
Address 2840 California Date signed 3-1-48

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. 4053, working under my personal supervision.

Signed J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address 4104 Manchester A

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.