

No. 300  
-10-47  
-17-39  
-1 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

6768

State File No. ....

2255

FILED MAR 15 1948

1003

Registration District No. **318**

Primary Registration District No. ....

Registrar's 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  
En route to City Hospital **3**  
(If not in hospital) or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
58 years (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020  
 (c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4936 Ashby Avenue **9**  
(If rural, give location) **0**  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK J. MEYERS

3. (b) If veteran, name war None 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 Florence Meyers 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 21, 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business St. Louis Dairy

12. Name Charles Meyers

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Powers

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Meyers

(b) Address 4936 Ashby Avenue

17. (a) Burial (b) Date thereof 3-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. A. Stahl

(b) Address 2117 E. Grand Bldg.

19. (a) MAR 5 1948 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3d  
 year 1948 n hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration

Cornary thrombosis  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

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) Means of injury \_\_\_\_\_

23. Signature W. Perry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 3/5/48

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

MOTHER FATHER

MAR 17 1948

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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

*Frank A. Moore*

Licensed Embalmer No.

*3041*

P. O. Address

*2117 E. Grand*

**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.**