

No. 2  
2-45  
7-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

In Crossed 7281  
3500 Cambridge  
State File No.

FILED FEB 24 1948

Registration District No. 1948 Primary Registration District No. 3068 Registrar's No. 270

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Mablewood  
(c) Name of hospital or institution: 7339 Richmond Pl.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town Mablewood  
(d) Street No. 7339 Richmond Pl.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank L. Meier  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 7<sup>th</sup>  
year 1948 hour 5 minute AM  
21. I hereby certify that I attended the deceased from June 1943 to Feb 7 1948  
and that I last saw him alive on Feb 6<sup>th</sup> 1948  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color W. 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Aug. 19 1868

Immediate cause of death barrenia of salivary gland  
Due to senility  
Due to 55  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 6 Days 18  
9. Birthplace Manchester Mo.  
10. Usual occupation Retired

Major findings: barrenia of salivary gland  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Francis X. Meyer  
13. Birthplace Germany  
14. Maiden name Mary Spencher  
15. Birthplace France  
16. (a) Informant Mrs. Sophia Meier  
(b) Address 7339 Richmond Pl.  
17. (a) Burial (b) Date thereof 2-10-48  
(c) Place: burial or cremation Hiram Cem.  
18. (a) Signature of funeral director Louis H. Bopp, Inc.  
(b) Address Birkwood Mo.  
19. (a) 2-9-48 (b) Beulah M. D.

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(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 0  
23. Signature W. Crossed M.D. (M.D. or other)  
Address 3500 Cambridge Mablewood Date signed 2/9/48

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

JUN 1 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 *Peter B. Dubouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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.