

National Office of Vital Statistics  
FILED MAR 23 1948

State File No. 2

Registration District No. 379

Primary Registration District No. 3064

Registrar's No. 731

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1845 Chambers Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Ferguson 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1845 Chambers Rd. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Meier

3. (b) If veteran, name war World War # 1

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 Pearl 6. (c) Age of husband or wife if  
alive 48 years  
7. Birth date of deceased October 27 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 4 18 hr. min

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

10. Usual occupation Shoe Worker

11. Industry or business

12. Name Carl Meier  
13. Birthplace Bohemia  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Bastel  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Meier  
(b) Address 1845 Chambers Rd.  
17. (a) Burial (b) Date thereof 3-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friddens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.  
(b) Address 2161 E. Fair Ave.  
19. (a) 3-17-48 (b) Georg S. Shultz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1948 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1-10, 1948, to 3-14, 1948  
that I last saw him alive on 3-14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction 3 da

Due to Carcinoma head of pancreas

Due to 4 1/2 y

Other conditions: (Include pregnancy within 3 months of death)

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?.....  
(Specify type of place)

23. Signature Dr. W. H. Burkert M. D. or other.....  
Address 340 Bermuda Ave Date signed 3-17-48

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

MOTHER FATHER

APR 23 1948

APR 7 1958

APR 8 1948

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.....

*Elmo R. Sadwell*

Licensed Embalmer No.....

4077

P. O. Address.....

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.