No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17838

FILED MAY 29 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4397

0 7 9

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Wentzville 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Meyer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Hilda — 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March (Month) 12 (Day) 1865 (Year)

8. AGE: Years 83 — Months 1 — Days 26 — If less than one day hr. min.

9. Birthplace Augusta (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Merchant
11. Industry or business
FATHER 12. Name Bernard Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER 14. Maiden name Mary Keborse
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Eldon Meyer
(b) Address Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation AUGUSTA MO — AUGUSTA MO
18. (a) Signature or name of undertaker Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 7:30 minute a.m.

21. I hereby certify that I attended the deceased from Dec. 18, 1940 to May 8, 1948 that I last saw h. alive on May 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Myocarditis chronic with myocardial degeneration (arteriosclerotic)	8 yrs
Due to (2) Atypical pneumonia rt. lower lobe (unclassified)	6 days
Due to (3) Hypertrophy of prostate (obstructing)	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Prostatectomy 4/26/48 no malignancy
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)
While at work? (e) Means of injury

23. Signature C H Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 5/9/48

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

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 J. Allen Davis Jr

Licensed Embalmer No. 4058

P. O. Address St Louis

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.