FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24533

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6165

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: Lutheran Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4428a Athlone Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George B. Meyer
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. 492-07-2626
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Meyer
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased September (Month) 4, (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Coatsburg, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Mill Superintendent
11. Industry or business Thieling Lothman Co.
FATHER
12. Name John Meyer
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rose Keterer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha Meyer
(b) Address 4428a Athlone Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JUL 12 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from March, 1948, to July 10, 1948;
that I last saw him alive on July 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address 3701 Grandel Sq Date signed 7-12-48

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..... working under my personal supervision.

Signed.....Albert R. Thompson

Licensed Embalmer No.....4237

P. O. Address.....St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.