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FILED AUG 13 1948
Registration District No. 574

Primary Registration District No. 6076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County... ST. LOUIS
(b) City or town... OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2315 GILROSE 1
(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)

3. (a) PRINT FULL NAME George W. Meyers
3. (b) If veteran, name war... -
3. (c) Social Security No. _____

4. Sex MA. O 5. Color or race WH
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife AMANDA MEYERS
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased JULY 21 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 7 hr. min.

9. Birthplace ST. LOUIS MO U
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business CARPENTER

12. Name Meyers

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name do not know

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Meyers

(b) Address Overland Mo

17. (a) BURIAL (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director ORTMANN F. HOME

(b) Address 9222 HACKLAND OVERLAND

19. (a) 7-29-48 (b) George B. Sharpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. LOUIS 96
(c) City or town... OVERLAND 12
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 GILROSE 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29
year 1948 hour 11 30 A.M. M.
21. I hereby certify that I attended the deceased from July 15, 1948 to July 29, 1948
that I last saw h. / m. alive on July 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchopneumonia Duration 1 day
Ca of large bowel
pernicious anemia

Due to _____
Due to _____
Other conditions 462
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature J. P. Ray (M. D. or other) _____
Address Overland, Mo Date signed 7/29/48

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

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..... *Al C Ostman*

Licensed Embalmer No. *3478*

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.