

FILED OCT 9 1948  
Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

8458

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:  
3166 California Ave. 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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8002  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3166 California Ave. 1  
(If rural, give location) 24  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William C. O. Meyer Sr.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W  
6. (b) Name of husband or wife wife 6. (a) Single, widowed, married, divorced divorced  
Agnes Jackson 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Aug. 21, 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 1 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation INTERIOR Decorator

11. Industry or business Friendly Walls

12. Name William Meyer

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE FREI

15. Birthplace SWITZERLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Jackson

(b) Address 1005 Allen Ave.

17. (a) BURIAL (b) Date thereof 9-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK Lawn Cem.

18. (a) Signature of funeral director Will B. L. G.

(b) Address 2229 S. JEFFERSON AVE.

19. (a) SEP 29 1948 (b) J. P. Brunck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1930  
\_\_\_\_\_ 19\_\_\_\_ to Sept 27 1948  
that I last saw him alive on Sept 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
acute myocardial dilatation

Due to Chronic myocardial degeneration spot

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature John Lieb (M. D. or other) MD

Address 3005 S. Grand Date signed 9/27/48

Lieb

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

0 v. 110

**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 *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson*

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

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