

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

FILED OCT 23 1948 318

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34465
8326
Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
22nd & N. Market Sts., (Engine House)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clarence H. 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 Beatrice Meier nee Groh 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased February 24th, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 27 hr. min.

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

10. Usual occupation Fireman

11. Industry or business Saint Louis Fire Department

12. Name Frederick J. Meier

13. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Krite

15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrice Meier
(b) Address 4031a Greer Avenue

17. (a) Burial (b) Date thereof 9/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) SEP 23 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4031a Greer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st
year 1948 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;
Chronic Endocarditis.

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

23. Signature: Patrol E Taylor Dep Cor
1900 Clark Date signed 9-23-48
(M.D. or other)

PHYSICIAN

Underline the cause of which death should be charged statistically.

OCT 26 1941

Handwritten mark

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 John A. Miller
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo

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.