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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38446
Registrar's No. 10317

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: 5885 Nina Place (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5885 Nina Place (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ISAAC G. MEYER
3. (b) If veteran, name war
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 Blanche H. Meyer
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct. (Month) 2 (Day) 1875 (Year)
8. AGE: Years 73 Months 1 Days 24 If less than one day hr. min.
9. Birthplace Pine Bluff (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Wholesale Grocer
11. Industry or business Grocery
MOTHER FATHER
12. Name Marcus Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. I. G. Meyer
(b) Address 5885 Nina Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive Cemetery
18. (a) Signature of funeral director Herman Rindskopf, Inc
(b) Address 5216 Delmar Blvd.
19. (a) NOV 28 1948 (Date received local registrar) (b) J. B. Laxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1948 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan. 3, 1944, to Nov. 26, 1948, that I last saw him alive on Oct. 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Coronary occlusion	15 min.
Due to Arteriosclerotic cardio-vascular disease	Uncertain
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes mellitus-mild	Uncertain

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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 Henry J. Offenbeimer (M. D. or other) MD
Address 508 N. Grand, St Louis 3, Mo. Date signed 11-27-48

(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.....John Kettler.....

Licensed Embalmer No.....3880.....

P. O. Address.....

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

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