

S. No. 300
M-10-47
v. 5-17-39
WI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38864

FILED DEC 4 1948
Registration District No. 297

Primary Registration District No. 2063

Registrar's No. 2008

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 HR 40 MIN
(Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis Co
(c) City or town BRENSWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 144 EUCALYPTUS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MEYER
(b) If veteran, name war No
3. (c) Social Security No. 494-22-8027

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 17
year 1948 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from NOV. 17, 1948 to NOV. 17, 1948
that I last saw h. 106 alive on NOV. 17, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
7. (b) Name of husband or wife ELIZABETH BRADLEY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 23 1882
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration _____
Due to coronary occlusion
Due to 946

8. AGE: Years Months Days If less than one day
66 8 24 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy not reported
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE
12. Name JOSEPH MEYER
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name MATHERINE RENARD
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hospital
(b) Address CLAYTON, MO
17. (a) Burial (b) Date thereof 11-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7956 Manchester
19. (a) 11-19-48 (b) Charles Meyer
(Date received local Registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature R. R. Coble (M. D. or other) _____
Address 605 BRENSWOOD, CLAYTON, MO Date signed 11/17/48

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.....

J. E. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.