

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3032
Registrar's No. 694

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 694					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 4622 Cecil Pl.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4622 Cecil Pl.				d. STREET ADDRESS (If rural, give location) 4622 Cecil Pl.							
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) B		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1949				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 9, 1886		9. AGE (In years last birthday) 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY salesman		11. BIRTHPLACE (State or foreign country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Gustav Meyer			13b. MOTHER'S MAIDEN NAME Anna Zentner			14. NAME OF HUSBAND OR WIFE Elizabeth Meyer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-03-2516		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Meyer				ADDRESS 4622 Cecil Pl			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute heart failure				INTERVAL BETWEEN ONSET AND DEATH 10 min.			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis				2 yrs			
				DUE TO (c) Bundle branch block				2 yrs			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. pressure congestion				2 yrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 422'2'						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from Nov 1, 1947 , to Jan 23, 1949 , that I last saw the deceased alive on Jan 22, 1949 , and that death occurred at 5 p m. , from the causes and on the date stated above.											
23a. SIGNATURE [Signature]				23b. ADDRESS 4952 Maryland Ave		23c. DATE SIGNED 1/24/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/26/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons					ADDRESS 7027 Gravois	

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

None

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Francis J. Owen*.....

Licensed Embalmer No. *2245*.....

P. O. Address *pt. Loma*.....

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.