

FILED APR 28 1955

State File No. \_\_\_\_\_

318

1003

3320

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo c. LENGTH OF STAY (In this place) \_\_\_\_\_ c. CITY OR TOWN ST. LOUIS d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 3945 MAGNOLIA e. STREET ADDRESS (If rural, give location) 17 3945 MAGNOLIA

3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS b. (Middle) \_\_\_\_\_ c. (Last) MEYER 4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1955

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED 8. DATE OF BIRTH FEB. 28, 1873 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JACOB MEYER 13b. MOTHER'S MAIDEN NAME MARY WHITE 14. NAME OF HUSBAND OR WIFE FRIEDA MEYER (DEC'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 328-03-1557 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Hotteway 3626 Botanical

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary DUE TO (c) Arteriosclerotic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH (continued) INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_ 19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from May 1954, to Apr. 12, 1955, that I last saw the deceased alive on Apr. 12, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Egan, M.D. 23b. ADDRESS 462 N. Taylor 23c. DATE SIGNED 4/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE APR. 15 1955 24c. NAME OF CEMETERY OR CREMATORY WALNUT HILL CEM. 24d. LOCATION (City, town, or county) (State) Belleville Ill

DATE RECD BY LOCAL REG. APR 14 1955 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rute 2906 Lewis

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

V 462 29 29 any lines

Sept 5. 6 223  
for 7  
with 7-12:30  
Wend.

**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.....  
Signature of Student Embalmer

Signed.....  
Leo J. Budde  
Licensed Embalmer No. 39  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.