V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 325399

Primary Registration District No.

Registrar's No. 9466

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:
Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 6525 San Bonita Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Luella Hamilton Meyer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 1, 1875
(Month) (Day) (Year)

8. AGE: Years 69 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business Hauling and express

MOTHER FATHER

12. Name Theodore Meyer

13. Birthplace Bingen, Germany (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name Roberta Kreiger

15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Russell H. Meyer 1

(b) Address 6338 Pernod Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1944 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from February, 1944, to November 6, 1944;
that I last saw him alive on November 6, 1944, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary failure acute	1 dy
Due to: Ch. Hyp. Pulmonary	2yrs
Due to: Ch. Coronary disease	4yr
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury

23. Signature A. M. Frank (M. D. or Coroner)

Address 3651 Grandel Square Date signed 11/7/44

(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.....

Licensed Embalmer No. 1994

P. O. Address.....

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.