DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1338

State File No. 1218

Registrar's No. 1338

1. PLACE OF DEATH:
(a) County King
(b) City or town Seattle (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: King County Hospital # 2 (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community (Years, months or days) ____

2. USUAL RESIDENCE OF DECEASED: 93D
(a) State Washington (b) County King
(c) City or town Seattle (If outside city or town limits, write RURAL)
(d) Street No. 311½ Occidental Ave. e (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) FULL NAME Frank Adolph Meyer
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? ____ Name of organization in which such service was rendered ____ Period of service ____ Rank ____
3. (c) Social Security Number None

4. Sex	5. Color or race	6(a) Single, widowed, married, divorced	6(c) Age of husband or wife if alive
Male	White	Widowed	____ years

6. (b) Name of husband or wife Anna Meyer

7. Birth date of deceased January 21, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	20	____ hr. ____ min.

9. Birthplace Bohemia (City, town or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business ____

Father
12. Name Frank Meyer
13. Birthplace ____ (City, town, or county) Bohemia (State or foreign country)

Mother
14. Maiden name Maria Unknown
15. Birthplace ____ (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant's own signature Records-King Co. Hospital, Seattle, Wash.
(b) Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
Joseph R. Manning and Sons
18. (a) Signature of funeral director ____
(b) Address 1634-11 ave Seattle Wn

(a) MAR 18 1944 (Date received local registrar) (b) Ragnar T. Westman, M. D., Dr. P. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 11
year 1944 hour 11 minute 00 AM

21. I hereby certify that I attended the deceased from October 23, 1942 to March 11, 1944; that I last saw him alive on March 11, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypertensive Heart	
Due to disease 93D	
Other conditions (Include pregnancy within 3 months of death)	
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 ____ (M.D. or other)
Address King Co. Hospital Date signed 3-15-4

8-19-40—15M. 19892.