

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3036

State File No. _____

318

1003

1007

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|--|--|--|---|---|--|---|--|
| 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 _____ No. _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jewish Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4314 Papin St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> | | b. (Middle) _____ | | c. (Last) <u>MEYER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Mar. 15, 1878</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Handling Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Switzerland</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>John Meyer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Fanny Meyer 4314 Papin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fanny Meyer 4314 Papin St.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Generalized</u> DUE TO (c) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u> <u>years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) <u>St. Louis</u> | | | |
| 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 <u>Jan. 1, 1948</u> , to <u>1-31, 1949</u> , that I last saw the deceased alive on <u>1-31, 1948</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>B. H. Glassberg M.D.</u> | | | | 23b. ADDRESS <u>634 N. Grand Blvd.</u> | | 23c. DATE SIGNED <u>2/1/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 3, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE RECEIVED BY LOCAL REG. <u>FEB 2 1949</u> | | REGISTRAR'S SIGNATURE: <u>J. Blarner</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> | | |

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

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.

Signed Richard W. Stoverand

Signed
Student Embalmer

Licensed Embalmer No. 4007

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.