

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21438

State File No. 4971

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1009</u>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				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) <u>30 yrs</u>		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>City Hospital # 1</u>				d. STREET ADDRESS (If rural, give location) <u>26 1942 Dodier Street</u>											
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
<u>John</u>			<u>W.</u>			<u>Meyers</u>			<u>June 6, 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>July 6, 1864</u>		9. AGE (in years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor & Presser Ret</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Tailoring</u>		11. BIRTHPLACE (State or foreign country) <u>Detroit, Michigan</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Unk. Meyers</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Anna A. Meyers</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna A. Meyers 1942 Dodier Street</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.				<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hypostatic Pneumonia. 2. Fracture (Ununited) right femur, suffered about 5:30 P. M. January 16, 1949, at Greyhound Bus Depot, 707 N. Broadway, WHETHER AS A RESULT OF BEING STRUCK BY UMBRELLA BY UNKNOWN PERSON OR AS A RESULT OF FALL STRIKING KINE ASH URN COULD NOT BE DETERMINED. ACCIDENT.</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</u></p>								INTERVAL BETWEEN ONSET AND DEATH <u>5:30</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>693169</u>											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.															
23a. SIGNATURE <u>Joseph M. Suedmeyer</u>						23b. ADDRESS <u>300 Clark</u>			23c. DATE SIGNED <u>6/7/49</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis, CO. MO.</u>							
DATE REC'D BY LOCAL REG. <u>JUN 7 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Suedmeyer & Son's 3934 N. 20 Street</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

968

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 _____

Neville D. Trohutte

Signed _____

Student Embalmer

Licensed Embalmer No. 3696

300 101 101 101

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.