S. No. 300
10.48

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

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28346

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7238

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7732 a VIRGINIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS 17
d. STREET ADDRESS (If rural, give location) 7732 a VIRGINIA 7 6

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JOHN c. (Last) MEYEROTT

4. DATE OF DEATH (Month) (Day) (Year) Aug-18-1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH DEC 20 1877
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 7 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RED BUD, ILL
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME HENRY MEYEROTT
13b. MOTHER'S MAIDEN NAME MARY SCHURIG
14. NAME OF HUSBAND OR WIFE KATE

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. 500-30-353
17. INFORMANT'S SIGNATURE OR NAME George Meyerott ADDRESS 7732 a Va.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Apoplexy — 15 days

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) 83

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 334

22. *I hereby certify that I attended the deceased from* Aug 2, 1949, *to* Aug 18, 1949, *that I last saw the deceased alive on* Aug 17, 1949, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. H. Peters (Degree or title) MDA
23b. ADDRESS 4145 S Grand
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE AUG. 20-49
24c. NAME OF CEMETERY OR CREMATORY PARK LAWN
24d. LOCATION (City, town, or county) ST LOUIS (State) MO

DATE REC'D BY LOCAL REG. AUG 19 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler ADDRESS 7128 MICHIGAN

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Signed Ronald O. Jahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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 this body is not embalmed, fact should be so stated above.