

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43128**
Registrar's No. **04755**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 9866 Gravois	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN		b. (Middle) _____ c. (Last) MEYER	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1949		5. SEX male 16. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 5, 1880	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	
10b. KIND OF BUSINESS OR INDUSTRY Gravois Bank		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Henry Meyer	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Lillie Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Lillie Meyer		ADDRESS 9866 Gravois	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma ampulla of Vater INTERVAL BETWEEN ONSET AND DEATH 3 mos ANTECEDENT CAUSES Morbidity 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. Lower nephron nephrosis Biliary fistula - post-operative 8 dys 8 dys	
19a. DATE OF OPERATION 12-12-49		19b. MAJOR FINDINGS OF OPERATION Ampullary Carcinoma	
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) _____		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 12-6-49 , 19 49 , to 12-20-49 , 19 49 , that I last saw the deceased alive on 12-20-49 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Robert L. Coulter Jr. (Degree or title) _____		23b. ADDRESS 601 Brentwood, Clayton	
23c. DATE SIGNED 12/21/49		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 12-23-49		24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons	
25. ADDRESS 7027 Gravois		DATE REC'D BY LOCAL REG. 12-22-49	
REGISTRAR'S SIGNATURE Herbert R. Donke		(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.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Illinois

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.