

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43284

State File No. ....

04807

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Meramec</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Meramec</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clayton Road</u>		d. STREET ADDRESS (If rural, give location) <u>Clayton Road</u>	
3. NAME OF DECEASED a. (First) <u>Philip</u> b. (Middle) <u>G.</u> c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Nov. 28, 1868</u>
9. AGE (In years) (Month) (Day) (Year) (Specify birthday) <u>81</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Annie K. Rauscher</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Niere Meyer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Wolff, Chesterfield, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Carcinoma</u> 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. <u>Arteriosclerotic hypertension</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>151X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none.</u>	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"/>		22. I hereby certify that I attended the deceased from <u>2-7</u> , 19 <u>45</u> to <u>12-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>49</u> , and that death occurred at <u>5 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>12-28-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 31, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Ellisville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-29-49</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>	

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

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**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 Theo. Schuder

Signed .....  
Student Embalmer

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.