

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2791
153

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2067			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco R. R. Hospital		d. STREET ADDRESS (If rural, give location) 5042a Lotus Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) H c. (Last) Meiser		4. DATE OF DEATH (Month) (Day) (Year) Jan 4 - 1950					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1, 1897	9. AGE (In years last birthday) 52	F UNDER 1 YEAR Months Days F UNDER 100 Hrs. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Farmer Center, Ohio			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward T. Meiser		13b. MOTHER'S MAIDEN NAME Rosa E. Wurst			
14. NAME OF HUSBAND OR WIFE Anna Meiser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W.W. I		16. SOCIAL SECURITY NO. 702-07-8170			
17. INFORMANT'S SIGNATURE OR NAME Anna Meiser		17. ADDRESS 5042a Lotus Avenue					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar artery thrombosis ANTECEDENT CAUSES c cortical necrosis base of brain left motor area. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Absent right kidney. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stag horn stone left kidney.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 12-19-49		19b. MAJOR FINDINGS OF OPERATION Calculus left kidney				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) 322X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 12-12, 1949, to 1-4, 1950, that I last saw the deceased alive on 1-4, 1950, and that death occurred at 10:15 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cecil W. Hello M.D. O		23b. ADDRESS 4960 Laclede		23c. DATE SIGNED Jan 4-1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal U		24b. DATE 1-5-50		24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery			
24d. LOCATION (City, town, or county) (State) Crocker, Missouri		DATE REC'D BY LOCAL REG. JAN 6 1950		REGISTRAR'S SIGNATURE [Signature]			
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Albert H. Hoppe 4700 Washington					

JAN 18 1947

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 Elton H. Penelux

Signed _____
Student Embalmer

Licensed Embalmer No. 4283

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.