

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15273

BIRTH NO. 32001-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 999

1. PLACE OF DEATH a. COUNTY St. Louis			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 Clayton Richmond		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1128 Bellerive St. Louis		d. STREET ADDRESS (If rural, give location) 1128 Bellerive 2107
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Joseph c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Apr. 16, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 16, 1950	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) non		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME Carl Meyer		13b. MOTHER'S MAIDEN NAME Sunshine Darrow		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Meyer 1128 Bellerive			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurely ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nasopharyngitis (acute) of mother DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 776 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7-11				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 4/16 , 19 50 , to 4/16 , 19 50 , that I last saw the deceased alive on 4/16 , 19 50 , and that death occurred at 5:30 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Herbert R. Dowd M.D.			23b. ADDRESS 1128 Bellerive St. Louis		23c. DATE SIGNED 4/16/50
24a. BURIAL (CREMATION) REMOVAL (Specify) Removal (Motor)	24b. DATE 4-19-50	24c. NAME OF CEMETERY OR CREMATORY Cairo, Ill.		24d. LOCATION (City, town, or county) (State) Cairo, Ill.	
DATE REC'D BY LOCAL REG. 4-18-50	REGISTRAR'S SIGNATURE Herbert R. Dowd		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.		

Mr Greg Jones -
Lester Bell
4500 Olive

To 3800

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Andree Foran

Licensed Embalmer No. 4242

P. O. Address 6312 So Grand

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.