

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21814

State File No. ....

5435

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE<br>MISSOURI |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br>ST. LOUIS, |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>ST. LOUIS                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>5569 CHAMBERLAIN AVE.,              |  | d. STREET ADDRESS (If rural, give location)<br>5569 CHAMBERLAIN AVE., 0  |  |

|  |                           |                     |  |
|--|---------------------------|---------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br>OLIVE | b. (Middle)<br>HAZEL HILL | c. (Last)<br>MEYER. | 4. DATE OF DEATH (Month) (Day) (Year)<br>June 20, 1950 |
|--|---------------------------|---------------------|--|

|                  |                           |   |                                    |                                       |                           |                          |                          |                          |
|------------------|---------------------------|---|------------------------------------|---------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>March 10, 1884 | 9. AGE (In years last birthday)<br>66 | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 1 HRS.<br>Hours | IF UNDER 15 MIN.<br>Min. |
|------------------|---------------------------|---|------------------------------------|---------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home | 10b. KIND OF BUSINESS OR INDUSTRY<br>- - - - - | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|--|---|--|

|                                   |   |  |
|-----------------------------------|---|--|
| 13a. FATHER'S NAME<br>Price Hill. | 13b. MOTHER'S MAIDEN NAME<br>Mary Edna Curby. | 14. NAME OF HUSBAND OR WIFE<br>Dr. Harry H. Meyer. |
|-----------------------------------|---|--|

|  |                                 |  |                                   |
|--|---------------------------------|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>none | 17. INFORMANT'S SIGNATURE OR NAME<br>Dr. H.H. Meyer; | ADDRESS<br>5569 Chamberlain Ave., |
|--|---------------------------------|--|-----------------------------------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br>8-10 years |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Agitans</u>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) <u>Encephalitis</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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?<br>083.0             |

22. I hereby certify that I attended the deceased from 1946 to June 20, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

|  |   |                                    |
|--|---|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Daniel L. Nelson D.M.D.</u> | 23b. ADDRESS<br><u>607 N. Grand Ave. (31)</u> | 23c. DATE SIGNED<br><u>6/21/50</u> |
|--|---|------------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>June 23, 1950 | 24c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cemetery | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo. |
|---|----------------------------|---|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG.<br>JUN 22 1950 | REGISTRAR'S SIGNATURE<br><u>J. B. Sauter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br>C.R. Lupton & Sons; 7233 Delmar Blvd., |
|---|--|--|

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

No. 300  
10-48

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.