

FILED OCT 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31816  
State File No. 8046  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 town OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4608 S. 39th ST.		d. STREET ADDRESS (If rural, give location) 15 4608 S. 39th ST.	

3. NAME OF DECEASED a. (First) ALICE b. (Middle) M. c. (Last) MEYER			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 11 1884		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME FRANK PEGLAR		13b. MOTHER'S MAIDEN NAME ELIZABETH MORTIMER		14. NAME OF HUSBAND OR WIFE Geo. MEYER (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mabel Raaf 4608 So. 39th St	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 2 cont 20 days 1 year
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Right Hemiplegia</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	

22. I hereby certify that I attended the deceased from 9/21, 1950, to 9/22, 1950, that I last saw the deceased alive on 9/22, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE A.C. Fleischberg MD	(Degree or title)	23b. ADDRESS 3606 Travis	23c. DATE SIGNED 9/22/50
---------------------------------------	-------------------	-----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 25 1950	24c. NAME OF CEMETERY OR CREMATORY NEW PICKER CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. SEP 22 1950	REGISTRAR'S SIGNATURE J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti 2906 Travis	

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

**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 Embalmer No.....

Signed.....  
Student Embalmer

Signed Leo J. Budde.....

..... Licensed Embalmer No. 3989.....

..... P. O. Address St. Louis.....

**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.