

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35124

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8947

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4545 Alice Avenue		9 STREET ADDRESS (If rural, give location) 4545 Alice Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) R. J.	c. (Last) Meyer	4. DATE OF DEATH (Month) (Day) (Year) October 21, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 11, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (State or foreign country) Warrenton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carl. F. G. Meyer	13b. MOTHER'S MAIDEN NAME Ida Gerdemann	14. NAME OF HUSBAND OR WIFE Cornelia Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cornelia Meyer, 4545 Alice Avenue	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriaca Dilatation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myo Carditis DUE TO (c) Mitral insufficiency		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? H/OX
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22. I hereby certify that I attended the deceased from March 16, 1950, to Nov. 21, 1950, that I last saw the deceased alive on Oct. 20, 1950 and that death occurred at 5:50a m., from the causes and on the date stated above.

23a. SIGNATURE W. C. Brenning (Degree or title)	23b. ADDRESS 2548 Harris Ave	23c. DATE SIGNED 11/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Warrenton City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Missouri
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DATE REC'D BY LOCAL REG. OCT 23 1950	REGISTRAR'S SIGNATURE J. B. Bassler	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Number

Date

Time

Place

City

Name of Deceased

Age

Sex

Color

Place of Birth

Education

Occupation

Religion

Sex

Place of Birth

Education

Occupation

Signature of Licensed Embalmer

Signature of Student Embalmer

Date

Name of Licensed Embalmer

Address

City

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

Walter G. Bunnely

Signed.....

Student Embalmer

Licensed Embalmer No. *4287*

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.