

No. 200
10-48

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35541**

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3063** Registrar's No. **2422**

1002

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE, Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 9916 Linn	
d. FULL NAME OF (If apt in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EIMER b. (Middle) _____ c. (Last) Meister			4. DATE OF DEATH (Month) (Day) (Year) 10 - 8 - 50			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 9-24-1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Meister		13b. MOTHER'S MAIDEN NAME Anna Harre		14. NAME OF HUSBAND OR WIFE Mathilda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 494-10-6090		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Meister 9853 Linn, Lemay Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ? Carcinomatosis			5810

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **9-29**, 19**50**, to **10-7**, 19**50**, that I last saw the deceased alive on **10-7**, 19**50**, and that death occurred at **12:10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Smalls, M.D. (Degree or title)		23b. ADDRESS		23c. DATE SIGNED 10-8-50	
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24a. BURIAL CREMATION/REMOVAL (Specify) Burial		24b. DATE Oct. II, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Green Park & Lemay Ferry Rds.	
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DATE REC'D BY LOCAL REG. OCT 9 1950		REGISTRAR'S SIGNATURE Ed Domke M.D./mb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.	
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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 *Harry J. Schenck, act*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.