

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6422  
1176

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 2 Days		c. CITY OR TOWN 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital		STREET ADDRESS (If rural, give location) 3127 Locust	

3. NAME OF DECEASED (Type or Print) a. (First) John H.		b. (Middle)		c. (Last) Meier		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 10, 1886		9. AGE (In years last birthday) 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) New Paper Vendor			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Geo. Meier		13b. MOTHER'S MAIDEN NAME U.K.		14. NAME OF HUSBAND OR WIFE MARINA	
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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 Ed. Meier		ADDRESS 214 1/2 Skandrah	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL INFORMATION				INTERVAL BETWEEN ONSET AND DEATH 1 month	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		arteriosclerotic heart disease					
ANTECEDENT CAUSES		DUE TO (b)				arteriosclerosis, generalized	
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		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? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H250	
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22. I hereby certify that I attended the deceased from 2/2, 1951, to 2/5, 1951, that I last saw the deceased alive on 2/4, 1951, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23a. SIGNATURE Mary S. Frankel (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 2/5/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 8, 1951		24c. NAME OF CEMETERY OR CREMATORY YAN HALLA		24d. LOCATION (City, town, or county) (State) St. Louis Co. MO	
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DATE REC'D BY LOCAL REG. FEB 8 1951		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly		ADDRESS 4386 Lindell	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M.O. HEATHEN 13404

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 James A. Lammers

Licensed Embalmer No. 4142

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.