

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31700**  
**8035**  
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 <b>Mo</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	2139
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5731 Southwest</b>		d. STREET ADDRESS (If rural, give location) <b>13 5731 Southwest</b>	

3. NAME OF DECEASED (Type or Print) <b>LAWRENCE MEOLI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 7 1951</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Mar. 10, 1880</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 MIN. Hours	IF UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Italy 5</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Michael Meoli</b>	13b. MOTHER'S MAIDEN NAME <b>Pasquale</b>	14. NAME OF HUSBAND OR WIFE <b>Maria Meoli</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-05-1950</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Constance Meoli</b>		ADDRESS <b>5731 Southwest</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA</b>						<b>ONE WEEK</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) <b>MYELOGENOUS LEUKEMIA</b>			<b>ONE MONTH</b>		
			DUE TO (c) <b>CIRRHOSIS OF LIVER</b>			<b>TWO YEARS</b>		
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>		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? <b>20 ft</b>
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22. I hereby certify that I attended the deceased from **JULY 15, 1951**, to **SEPT. 7, 1951**, that I last saw the deceased alive on **SEPT. 7, 1951**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert A. Hall, M.D.</b>	(Degree or title)	23b. ADDRESS <b>3902 LAFAYETTE St. Louis, Mo</b>	23c. DATE SIGNED <b>SEPT. 8, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 11, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 10 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Calcaterra</b>	ADDRESS <b>5142 Day</b>
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. Wm. Binkley*

Licensed Embalmer No. *3653*

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.