No. 300
10-48

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32190

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3112

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koch, Missouri
c. LENGTH OF STAY (in this place) 24.5 mos. 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~St. Louis~~
4c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2099
d. STREET ADDRESS (If rural, give location) 1435 East Gano ~~2107 Blandon st.~~

3. NAME OF DECEASED (Type or Print)
a. (First) August
b. (Middle) William
c. (Last) Meyer

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1951

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2-15-~~1892~~ 1893
9. AGE (In years last birthday) 58 ~~59~~ y. 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Chemical and Drug Co.
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? American (U.S.)

13a. FATHER'S NAME August William Meyer
13b. MOTHER'S MAIDEN NAME Louise ~~Vogt~~ Vogt
14. NAME OF HUSBAND OR WIFE Florence Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-03-6462
17. INFORMANT'S SIGNATURE OR NAME Solomon Stephen Monosson, M.D. ADDRESS Koch, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: onset in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 1944 (?)
DUE TO (c) — 002X — duration: ca 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. intestinal tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1951, *to* Sept. 8, 1951, *that I last saw the deceased alive on* Sept. 8, 1951, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bernard Friedman, M.D.
23b. ADDRESS Koch Hosp., Koch, Mo.
23c. DATE SIGNED 9-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/12/51
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 9-10-51
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff.
Sept. 27, 1951

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 John A. Mclean

Licensed Embalmer No. 4186

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
~~County~~ City of St. Louis } ss.

State File No. 32190
Local Registrar's No. 3112

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of September, 1951, before me appears Florence Meyer, who, upon oath, states that the original record of ~~birth~~ death for August William Meyer, ~~born~~ died 9-8, 1951, in the State of Missouri, and which was filed at Clayton, Mo. on 9-10, 1951, should be corrected as follows:

Item No. 20 should read 1435 East Gano, St Louis
Instead of 2109 Blandon St.

Item No. 8 should read 2-15-1893
Instead of 2-15-1892

Item No. 9 should read 58 YR
Instead of 59 YR.

Item No. 13B should read LOUISE VOGT
Instead of LOUISE VOIGHT.

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Florence Meyer — Wife (Relationship)

1435 E. Gano. (Present Address)

Subscribed and sworn to before me this 17 day of September, 1951.

My Commission expires March 11, 1953 — George H. Dibbles, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
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I X36667