

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35396**
Registrar's No. **8646**

No. 300
10-48

FILED OCT 23 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

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

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 town or town St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		e. STREET ADDRESS (If rural, give location) 19 4065 W. Pine Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) CLIFTON b. (Middle) S. c. (Last) MEYER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1890
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Meyer	
13b. MOTHER'S MAIDEN NAME Fannie Salveter		14. NAME OF HUSBAND OR WIFE Margaret Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 497-01-7287	
17. INFORMANT'S SIGNATURE OR NAME Margaret Woods Meyer		ADDRESS 4065 W. Pine	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Pancreas with Metastases INTERVAL BETWEEN ONSET AND DEATH 17 Mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 161X			
22. I hereby certify that I attended the deceased from 9-17-51 , 19___, to 9-29-51 , 19___, that I last saw the deceased alive on 9-29-51 , 19___, and that death occurred at 2:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) London H. Purnee, M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 9-29-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1951	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. OCT 1 1951		REGISTRAR'S SIGNATURE Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS 646 Chippewa St., St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1957

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.....

Harry A. Schumacher

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.