

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35994**

BIRTH NO. _____		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>3486</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2170</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch (rural)</u>		c. LENGTH OF STAY (In this place) <u>169 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2927 Eads</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harvey</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Meyer</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>10-20-51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-26-07</u>	9. AGE (In years last birthday) <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Hissman</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Durham Meyer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-18-6346</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hosp.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs (C?)</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" 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) <u>002X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>5-4-51</u> , 19 <u>51</u> , to <u>10-20-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-20-51</u> , and that death occurred at <u>3:15Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Bernard Friedman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Robert Koch Hospital</u>
23c. DATE SIGNED <u>10-22-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUR</u>		24b. DATE <u>10-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-23-51</u>		REGISTRAR'S SIGNATURE <u>Robert O. Donde</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Schuer</u>
				ADDRESS <u>3125 Lafayette</u>

STATEMENT BY LICENSED EMBALMER

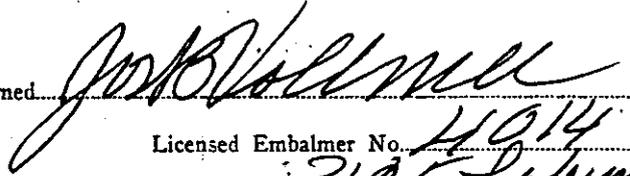
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer ..

Signed



Licensed Embalmer No. 4914

P. O. Address 3125 Lafayette

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.