

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3110
0217

State File No.

FILED JAN 26 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ 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 Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp.

d. STREET ADDRESS (If rural, give location) 1526 Bacon

3. NAME OF DECEASED
a. (First) Nick b. (Middle) _____ c. (Last) Meyers

4. DATE OF DEATH (Month) (Day) (Year) 1-5-52

5. SEX M 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 6-18-1870

9. AGE (in years last birthday) 81 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) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Mississippi 7

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Meyers

13b. MOTHER'S MAIDEN NAME Vinera Ringer

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Tom Meyers ADDRESS 1526 Bacon

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
DUE TO (b) Coronary Occlusion
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (c) Arterio sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

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? 4.201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Name or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1/9/52

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 12 Jan. 52

24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery

24d. LOCATION (City, town, or county) St. Louis County Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1952

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Metropolitan Funeral Home 5010 Craig

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 Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address _____

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.