

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3497

State File No. \_\_\_\_\_

FILED FEB 11 1953

318

REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. 1096

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3804 Neosho St.		d. STREET ADDRESS (If rural, give location) 3804 Neosho St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV b. (Middle) MEYER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 24, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Electrical Mfg	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Hanover, Germany 4		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Meyer		13b. MOTHER'S MAIDEN NAME Lena Reitzig	14. NAME OF HUSBAND OR WIFE Frieda Metz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-05-0509	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frieda Meyer, 3804 Neosho St.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES <i>arteriosclerosis</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>stroke</i> 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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from <i>Jan 15</i> , 1953 to <i>Jan 15</i> , 1953, that I last saw the deceased alive on <i>Jan 15</i> , 1953, and that death occurred at <i>12:53 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. S. Dyne M.D.</i> (Degree or title)		23b. ADDRESS <i>2752 Chamber</i>	23c. DATE SIGNED <i>1-29-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JAN 30 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave	

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

Dr. H. S. Pyne,  
2752a Cherokee St.,

**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 Delia J. Krispin

Licensed Embalmer No. 3497

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.