No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7786

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1917

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2219
d. STREET ADDRESS (If rural, give location): 1421 Hogan St. Father Dempsey Home

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

4. DATE OF DEATH (Month) (Day) (Year): Feb 15 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 5 1877
9. AGE (In years last birthday): 75 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Machinist
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Joseph Meyer
13b. MOTHER'S MAIDEN NAME: ~~Lillian Ruzicka~~ Mary Deca
14. NAME OF HUSBAND OR WIFE: ~~Mary~~ 9 ~~Deceased~~ Lillian Ruzicka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Wm C Meyer Rt 1 St Charles 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.
Corr. by Ass. June 6, 1958 B.G.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured peptic ulcer
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 ☑ 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? 5401

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* 540A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 2 18 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: S S Peter & Paul
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: FEB 18 1953
REGISTRAR'S SIGNATURE: J Earl Smith MO
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Moydell Funeral Home 1926 Allen Av

(Licensed Embalmer's Statement on Reverse Side)

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, o

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed

Licensed Embalmer No.

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.

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The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 7786-53

State of MISSOURI
County of ST. CHARLES } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1917

On this 6th day of May, 1958, before me appears William C. Meyer, who, upon his oath, states that the original record of ~~birth~~ death for William J. Meyer ~~XXXX~~ died 2-15-1953, 19..., in the State of Missouri, and which was filed at Jefferson City, Missouri on ..., 19..., should be corrected as follows:

Item No. 14 should read Lillian Ruzicka
Instead of Lillian Deceased

Item No. 13 should read Mary
Instead of Mary Ruzicka

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

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 Wm. C. Meyer Informant
Relationship.

Rt. #1. St. Charles, Mo.
Present Address.

Subscribed and sworn to before me this 6th day of MAY, 1958.

My Commission expires 3/29/61 St. Charles Mo. Elmer G. Zerr Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

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Cert. 11-6-57

B.C.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Charles }

State File No. 7786

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1917

On this 1st day of November, 1957, before me appears William C Meyer, who, upon his oath, states that the original record of ~~birth~~ death for William Meyer, ~~born~~ died Feb. 15, 1953, 19..., in the State of Missouri, and which was filed at Jefferson City, Missouri on at that time, 19..., should be corrected as follows:

Item No. 13 should read Mary (Deceased)

Instead of Lillian

Item No. 14 should read Lillian

Instead of Mary

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

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 Wm. C. Meyer — Informant Son

Relationship.

R.R. #1 St. Charles Mo.

Present Address.

Subscribed and sworn to before me this 1st day of November, 1957

My Commission expires 3/29/61 — Elmer G. Zerr, Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

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