

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12010**

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2210**

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 OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. ANTHONY'S HOSPITAL**

e. STREET ADDRESS (If rural, give location) **2249 2714² POTOMAC**

3. NAME OF DECEASED (Type or Print)
a. (First) **EDWARD** b. (Middle) **A.** c. (Last) **MEYER SR.**

4. DATE OF DEATH (Month) (Day) (Year)
FCB. 24 1953

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

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

8. DATE OF BIRTH **OCT. 18 1893**

9. AGE (In years last birthday) **59**
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) **BEER BREWER**

10b. KIND OF BUSINESS OR INDUSTRY **GRIESEDIECK**

11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U**

13a. FATHER'S NAME **JOHN MEYER**

13b. MOTHER'S MAIDEN NAME **LENA KAEBLE**

14. NAME OF HUSBAND OR WIFE **CLARA MEYER**

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. **497-01-8030**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **CLARA MEYER 2714² POTOMAC**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchogenic Carcinoma**
INTERVAL BETWEEN ONSET AND DEATH **6 mo?**

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 **2/23/53**

19b. MAJOR FINDINGS OF OPERATION **Confirmed above**

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **162x**

22. I hereby certify that I attended the deceased from **2/10/53**, 19**53**, to **2/23**, 19**53**, that I last saw the deceased alive on **2/23**, 19**53**, and that death occurred at **1¹⁰ a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James L. Mudd M.D.**

23b. ADDRESS **634 N Grand Blvd**

23c. DATE SIGNED **2/25/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **FCB. 27 1953**

24c. NAME OF CEMETERY OR CREMATORY **RESURRECTION CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **FEB 26 1953**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutis 2906 Genoa**

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.....
Signature of Student Embalmer

Signed..... *Leo J. Bulde*
Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.