

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16647**

FILED APR 29 1953
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1034**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ferdinand TWP		c. CITY OR TOWN St. Ferdinand TWP	
c. LENGTH OF STAY (in this place) 13 yr		d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Hallsferry Rd Box 371		e. STREET ADDRESS (If rural, give location) Route #2 Box 371 Florissant	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) P. c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) April 9th, 1953		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Jan 1st, 1866		9. AGE (In years) (Month) (Day) (Hours) (Min.) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co.,		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Fred Meyer		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Augusta Meyer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Olheide, R#2c Box 371, Florissant	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		DUPLICATE OF (b) Benign Prostatic Hypertrophy		10 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Senility			
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"/>	
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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) (Min.)		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 **4 March 1953** to **7 April, 1953** that I last saw the deceased alive on **7 April, 1953** and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion D. Bishop		23b. ADDRESS 751 St Francois Florissant, Mo		23c. DATE SIGNED 10 April 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/11/53		24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Luth. Cemetery St. Louis Co., Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 4-10-53		REGISTRAR'S SIGNATURE Herkert R. D... M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry	
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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 *W. Wilkinson*

Licensed Embalmer No. *357*

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.