

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20329

State File No. ....

XC-17 477 367  
Reg. filed JUN 10 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1477

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>34 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>4256 Meramec</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>L.</b>	c. (Last) <b>MEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 26 53</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-12-1893</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wm. H. MEYER</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie ROHLFING</b>	14. NAME OF HUSBAND OR WIFE <b>Elsa Meyer</b>
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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) <b>YES WW-I</b>	16. SOCIAL SECURITY NO. <b>90-12-2671</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORDS,</b>	ADDRESS <b>Jefferson Barracks, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 HRS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>ACUTE POSTERIOR MYOCARDIAL INFARCTION</b>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>ARTERIOSCLEROSIS OF RIGHT CORONARY ARTERY</b> DUE TO (c) <b>- - - - -</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>METASTATIC CARCINOMA TO LIVER FROM RIGHT LUNG</b>			

19a. DATE OF OPERATION <b>5/20/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF RIGHT LUNG</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-22-53**, 19**53**, to **5-26-53**, 19**53**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VAH, JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>5-26-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>MAY 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-28-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Southern U &amp; L Co., 6322 S. Grand, St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADEING 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 *David Van Fossan* .....

Licensed Embalmer No. *434*

P. O. Address *6322 1st St*

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.