

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30686

State File No. 2215
Registrar's No. 3216

No. 300
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AUG 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY OR TOWN <u>Rural - Meramec Sup. Life</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural - Meramec Sup.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - R.F.D. Pacific Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. Pacific Mo.</u>		
3. NAME OF DECEASED (Type or Print) <u>Lawrence George Meier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 28, 1915</u>	9. AGE (In years) (last birthday) <u>38</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Meier</u>		13b. FATHER'S MAIDEN NAME <u>Emma Barone</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-12-5136</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norman Meier</u>		ADDRESS <u>Allen ton Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>Self-inflicted gun-shot wound of the head, fired from a 12 ga. shotgun which he was carrying while squirrel hunting on the family farm on Hgwy. 50 near Pacific, Mo. It is assumed this happened about 6:00 A.M. and that he stumbled and fell with the gun, discharging same, the blast striking under the jaw and destroying the brain.</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>8-11-1953 6:00 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted gun-shot wound</u>	
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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Arnold J. Hill</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>8-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cem. Co. Pacific Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-13-53</u>		REGISTRAR'S SIGNATURE <u>Harbert R. D... Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____	

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

DEC 31 1958

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

Joe L. Shieles

Licensed Embalmer No. 3008

P. O. Address Pacific No

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.