

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40867

FILED NOV 19 1953

State File No. _____

BIRTH NO. 39470 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10177

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| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5849 Do Giererville</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorid</u> b. (Middle) <u>Charles</u> c. (Last) <u>Meyer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 24 53</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>May 17, 1953</u> | 9. AGE (In years last birthday) <u>5</u> | 10. UNDER 1 YEAR <u>7</u> Days | 11. UNDER 1 HRS. <u>0</u> Hours | 12. UNDER 1 MIN. <u>0</u> Min. |
|-----------------|---------------------------|--|--------------------------------------|--|--------------------------------|---------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>William H. Meyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Verna Miles</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>H. E. Brown</u> ADDRESS <u>506 S. Kings Highway</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemophilia</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 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? <u>295X</u> |
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22. I hereby certify that I attended the deceased from 10-12, 1953, to 10-24, 1953, that I last saw the deceased alive on 10-24, 1953, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John C. Herweg M.D.</u> | 23b. ADDRESS <u>Childrens Hospital</u> | 23c. DATE SIGNED <u>10-26-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10-26-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>OCT 26 1953</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred M. Williams</u> ADDRESS <u>4700 Washington Blvd</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *John J. Harris*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.