No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41707

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 700 Registrar's No. 2996

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 42 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2234 KEOKUK 2249

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): F.
c. (Last): MEIER

4. DATE OF DEATH (Month) (Day) (Year): 11-17-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 2-4-8~~8~~ 1887
9. AGE (In years last birthday): ~~55~~ 66 — 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): FREIGHT HANDLER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: HEINRICH MEIER
13b. MOTHER'S MAIDEN NAME: ANNIE THOMAS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 489078327
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSIVE CARDIO-RENAL DISEASE — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* LOBAR PNEUMONIA, UREMIC PERICARDITIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

442X

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-53, 19__, *to* 11-17-53, 19__, ~~that I last saw the deceased alive on~~, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. KAMINSKAS, MD
23b. ADDRESS: VAH JEFFERSON BARRACKS, MO.
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11/20/53
24c. NAME OF CEMETERY OR CREMATORY: ST MATTHEW CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 11/19/53
REGISTRAR'S SIGNATURE: Herbert B. Sonkeff M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wm. Schumacher 3013 Meramec

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Hauck

Licensed Embalmer No. 47

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

Jefferson City, Mo.

State of Missouri } ss.
County of St. Louis

State File No. 41707

Local Registrar's No. 2986

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of January, 1954, before me appears Lillian Maloney, who, upon her oath, states that the original record of ~~birth~~ death for Albert F. Meier ~~born~~ died November 17, 1953, in the State of Missouri, and which was filed at St. Louis County on Nov. 20, 1953, should be corrected as follows:

Item No. 8 should read 2-4-87

Instead of 2-4-88

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Sister

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lillian A Maloney
Relationship.

3805 A So Broadway
Present Address.

Subscribed and sworn to before me this 19 day of January, 1954

My Commission expires July 11, 1956 Lettie Bartner Notary Public.

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