

STANDARD CERTIFICATE OF DEATH

State File No. **44712**

BIRTH NO. **FILED DEC 29 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3247**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn,		c. LENGTH OF STAY (in this place) 30 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4100 Ravenwood Avenue, 20,		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn,	
f. STREET ADDRESS 4100 Ravenwood Avenue, 20,		g. (If rural, give location)	

3. NAME OF DECEASED (Type or Print) EMILE	a. (First)	b. (Middle) S.	c. (Last) MEYERS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 19th, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24th, 1886	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HRS. Hours	13. UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Self (Electric)	11. BIRTHPLACE (State or foreign country) Florissant, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Meyers	13b. MOTHER'S MAIDEN NAME Cecelia Johnno	14. NAME OF HUSBAND OR WIFE Eunice C. Meyers nee Mottin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Eunice C. Meyers, 4100 Ravenwood Avenue,	ADDRESS
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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) HEART FAILURE	ANTECEDENT CAUSES DUE TO (b) ASTHMA		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
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) 241 X
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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?
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22. I hereby certify that I attended the deceased from Oct. 1 - 1952, to Dec. 19 - 1953, that I last saw the deceased alive on Dec. 19 - 1953, and that death occurred at 4:15A m., from the causes and on the date stated above.

23a. SIGNATURE <i>John M. Parato M.D.</i>	(Degree or title)	23b. ADDRESS 1010 Mc Casland	23c. DATE SIGNED 12/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/21/53	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand's Cemetery	24d. LOCATION (City, town, or county) (State) Florissant, Missouri
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DATE REC'D BY LOCAL REG. 12/19/53	REGISTRAR'S SIGNATURE <i>Wesley B. ...</i>	FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

to page him,

FILE IN ST. LOUIS COUNTY.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Ralph C. Linder

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

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.