

STANDARD CERTIFICATE OF DEATH

10273
State File No. 2255
Registrar's No.

BIRTH: FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
6. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 wks		8. STREET ADDRESS (If rural, give location) 8916 Edna	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) G.		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) March 39 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 3 1896		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY U.S.		

13a. FATHER'S NAME George Meyer		13b. MOTHER'S MAIDEN NAME Lucinda Howard		14. NAME OF HUSBAND OR WIFE Henrietta	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henrietta Meyer 8916 Edna	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracerebral Hemorrhage & Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C-V Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2-3 mths
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19a. DATE OF OPERATION 2/27/54		19b. MAJOR FINDINGS OF OPERATION Infarct of Rt Temporal lobe + clot		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 443x	

22. I hereby certify that I attended the deceased from 2/26 1954, to 3/9 1954, that I last saw the deceased alive on 2/18 1954, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Smolic M.D.		23b. ADDRESS Berouns Mt Bldg		23c. DATE SIGNED 3/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/12/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo	

DATE REC'D BY LOCAL REG. MAR 11 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant	
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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 *Wilfred J. Busch*.....

Licensed Embalmer No. *755*.....

P. O. Address *St. Louis*.....

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.