

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24946

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6116

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 2 4300a Haven Avenue 20290	

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle) Richard	c. (Last) Meifert	4. DATE OF DEATH (Month) (Day) (Year)
				7 4 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-19-98	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 15	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lathe Operator	10b. KIND OF BUSINESS OR INDUSTRY McQuay Norris	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Richard Meifert	13b. MOTHER'S MAIDEN NAME Sophie Horstmann	14. NAME OF HUSBAND OR WIFE Helen J. Meifert
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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) No	16. SOCIAL SECURITY NO. 494-09-7961	17. INFORMANT'S SIGNATURE AND ADDRESS Helen J. Meifert 4300a Haven Avenue
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular dis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension 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 checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443-x
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22. I hereby certify that I attended the deceased from 4-10-1954, to 7-4-1954, that I last saw the deceased alive on 7-4-1954, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. D.	23b. ADDRESS 4652 Maryland Avenue	23c. DATE SIGNED 7-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-7-54	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JUL 7 1954	REGISTRAR'S SIGNATURE Karl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS AMBRUSTER MORTUARY 6633 Clayton R
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Cornat W. Spillars*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*14080*

P. O. Address.....

**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.