

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24956
Registrar's No. 6199

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6199			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWSt. Louis, Mo.			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN New Haven		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns Hospital				e. STREET ADDRESS (If rural, give location)				0260	
3. NAME OF DECEASED (Type or Print) a. (First) Edwin			b. (Middle) J.		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1902		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant			10b. KIND OF BUSINESS OR INDUSTRY Gas & Oil		11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Meyer			13b. MOTHER'S MAIDEN NAME Mary Michel			14. NAME OF HUSBAND OR WIFE Agnes Meyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No.			16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George J. Meyer, New Haven, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease & Congestive Failure 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 7 days 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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? 4200					
22. I hereby certify that I attended the deceased from June 6, 1954 to July 6, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 6:00 AM, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alphonse M. Nelson				23b. ADDRESS M 2 0634 N. Grand Blvd			23c. DATE SIGNED 7-8-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-7-54		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia, Washington, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. JUL 8 1954		REGISTRAR'S SIGNATURE J. Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.				

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

VS SEP 2 - 1960

JUL 10 1961

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 *W. Wilkinson*.....

Licensed Embalmer No... 35

P. O. Address *U. S.*.....

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.