

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35714
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9191

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (In this place) 22 days	
c. CITY OR TOWN BOWLING GREEN		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. LUKE'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 316 W MAIN 0820	
3. NAME OF DECEASED (Type or Print) a. (First) Andy b. (Middle) Meyer, DR c. (Last) MEYER, DR		4. DATE OF DEATH (Month) (Day) (Year) OCT 8, 1954	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 15, 1928
9. AGE (In years last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN	11. BIRTHPLACE (City and State or Foreign Country) Chicago, ILL
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY Cemetery Lots	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Andy Meyer, SR		13b. MOTHER'S MAIDEN NAME Jewel F. Nabint	14. NAME OF HUSBAND OR WIFE Shirley B Meyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES Korean War		16. SOCIAL SECURITY NO. 325-24-8150	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Shirley B Meyer, Rainbow Run, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain Injury, suffered when car operated by deceased went out of control and left the highway about three and a half miles north of Tray Mo. Sept 18 1954 at about 4:30 am</i> ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> II. OTHER SIGNIFICANT CONDITIONS (c) <i>Conditions contributing to the death but not related to the disease or condition causing death</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4:30 am Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Highway</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>3 1/2 mi north of Tray Mo. 057 E8234</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 18 64 4:30</i>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>057 E8234</i>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <i>32</i>			
23a. SIGNATURE (Degree or title) <i>Catriet C. Taylor Carouch</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>10.11.54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>OCT 11, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Sesser ILL</i>
DATE REC'D BY LOCAL REG. <i>OCT 11 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Bill Campbell, 5165 Delmar, St Louis</i>	

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

MAY 9 1957

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 *Rex E Campbell*

Licensed Embalmer No. *384*

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.