

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42627

State File No.

XC-429 40 52

SL-3559

FILED DEC 16 1954

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PRIMARY REG. DIST. NO. 1003

Registrar's No. 10504

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. Grand, St. Louis, Mo.)		a. STATE MISSOURI b. COUNTY CRAWFORD	
c. LENGTH OF STAY (In this place) 8 Days		c. CITY OR TOWN BOURBON	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ALEXANDER		4. DATE OF DEATH (Month) (Day) (Year) 11-17-1954	
a. (First)		b. (Middle) G.	
c. (Last) MEYER			
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-2-13
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RURAL MAIL CARRIER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RURAL MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL	
11. BIRTHPLACE (City and State or Foreign Country) CARLINVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ALEX MEYER		13b. MOTHER'S MAIDEN NAME ROSALIE PEAK	
14. NAME OF HUSBAND OR WIFE OPAL MEYER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-2	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LIVER FAILURE		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES DUE TO (b) CIRRHOSIS OF LIVER		UNKNOWN	
*This does not mean the mode of dying, such as heart failure, asthma, 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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5810			
22. I hereby certify that I attended the deceased from 11-9-54, 19___, to 11-17-54, 19___, and that death occurred at 3:45 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Charles P. Kolan		23b. ADDRESS M.D. VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 11-18-54			
24a. BURIAL HEREIN BY COLAR'S removal 11-19-54		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jeff. B ks., Mo.			
DATE REC'D BY LOCAL REG. NOV 18 1954		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Lee Fossum*

Licensed Embalmer No. *454*

P. O. Address *6322 80th*

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.