

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13674**
Registrar's No. **3585**

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3Y 2M 1D		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL			STREET ADDRESS (If rural, give location) 5600 Arsenal St. 21390		
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) _____ b. (Middle) F. c. (Last) MEYER		4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH June 8, 1865		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired livery attendant		10b. KIND OF BUSINESS OR INDUSTRY Livery		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Meyer		13b. MOTHER'S MAIDEN NAME Louise Knickmeier	
14. NAME OF HUSBAND OR WIFE Single		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. none	
17. INFORMANT'S SIGNATURE OR NAME Ferdinand Meyer		ADDRESS 86-8 Charleton Lane (23)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		ANTECEDENT CAUSES (b) Generalized Arteriosclerosis		DUE TO (c) Cachexia and multiple Decubitus Ulcers	
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 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) _____ m. _____		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 2/19 , 19 52 , to 4/20 , 19 55 , that I last saw the deceased alive on 4/20 , 19 55 , and that death occurred at 9:35 P.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) George M. Jankala M.D.	
23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 4/21/55		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 4/22/55		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. APR 22 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.	

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delix J. Kriskin
Licensed Embalmer No. 349

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.