

No. 300
10. 48

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20535

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1262

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Old Peoples Home</u>		d. STREET ADDRESS (If rural, give location) <u>4039 Flad Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>B</u> c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 3 55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>9-8-69</u>
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Frederick Koeline</u>		13b. MOTHER'S MAIDEN NAME <u>Aseneth Kinman</u>	
14. NAME OF HUSBAND OR WIFE <u>John L. Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>work.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margie J. Sprague</u>		ADDRESS <u>6600 Washington</u>	
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) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
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? _____			
22. I hereby certify that I attended the deceased from <u>July 1, 1954</u> , to <u>June 3, 1955</u> , that I last saw the deceased alive on <u>June 2, 1955</u> , and that death occurred at <u>6:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. E. Taylor M.D.</u>		23b. ADDRESS <u>6600 Washington Ave.</u>	
23c. DATE SIGNED <u>6-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JUNE 6-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY, <u>MISSOURI CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>6/3/55</u>		REGISTRAR'S SIGNATURE <u>Hebeal K. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>		ADDRESS <u>1167 HAMILTON AVE</u>	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.