

FILED SEP 13 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27969

1003

Registrar's No. 7142

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7142	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY OR TOWN Affton 4829		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 Memorial Home 2609 S. Grand				e. STREET ADDRESS (If rural, give location) 10051 Lenor Dr			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) A		c. (Last) Meyer Sr.		4. DATE OF DEATH (Month) (Day) (Year) Aug 13, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 12, 1867	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Draftsman		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Meyer		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND/OR WIFE _____	
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 Fred A Meyer Jr 14 Creekwood Lane			
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>Pneumonia liver</i> 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. <i>Senility</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____					
22. I hereby certify that I attended the deceased from <i>JAN. 1953</i> to <i>Aug 13, 1955</i> , that I last saw the deceased alive on <i>Aug 12, 1955</i> , and that death occurred at <i>2 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Charles A. Adams MD</i>				23b. ADDRESS <i>3903 Olive</i>		23c. DATE SIGNED <i>8-15-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>		24b. DATE <i>8/16/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Missouri Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>AUG 16 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J L Ziegenhein & Sons</i> ADDRESS <i>7027 Gravois</i>			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
G. P. Bidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Main

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.