

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1955

State File No. **27972**
Registrar's No. **7242**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7242 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri | | c. LENGTH OF STAY (In this place) Life | | c. CITY OR TOWN Berkeley | | 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 Missouri Baptist Hospital | | | | e. STREET ADDRESS (If rural, give location) 9103 Bessemer, 21 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wilbert b. (Middle) Norman c. (Last) Meyer | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 18 1955 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 1, 1923 | |
| 9. AGE (In years last birthday) 32 yrs. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer | | 10b. KIND OF BUSINESS OR INDUSTRY American Can Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME George Meyer | | 13b. MOTHER'S MAIDEN NAME Jessie Kendall | | 14. NAME OF HUSBAND OR WIFE Mrs. Gloria Meyer (DePauli) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2 | | 16. SOCIAL SECURITY NO. 497-16-2304 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gloria Meyer, 9103 Bessemer, Berkeley 21 ADDRESS | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-respiratory Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia (Toxic?) DUE TO (c) Pneumonitis | | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 2 weeks 6 weeks | |
| 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 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 9 July, 1955 , to 17 Aug, 1955 , that I last saw the deceased alive on 17 Aug, 1955 , and that death occurred at 3:45 Am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Paul R. Whitener M.D. (Degree or title) | | | | 23b. ADDRESS 2403 Brown, St. Louis (14) Mo | | 23c. DATE SIGNED 19 Aug 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Aug. 20, 1955 | | 24c. NAME OF CEMETERY, OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. AUG 19 1955 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE, 15 | | | |

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..... *Ralph C. Zundor*

Licensed Embalmer No. *427*

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.