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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34987  
8907

FILED OCT 24 1955

State File No.

Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **366 East Carrie Ave**

STREET ADDRESS (If rural, give location) **366 East Carrie Avenue**

3. NAME OF DECEASED  
a. (First) **Harry** b. (Middle) \_\_\_\_\_ c. (Last) **Meier**

4. DATE OF DEATH (Month) (Day) (Year) **October 12 1955**

5. SEX **Male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **June 26 1891**

9. AGE (in years last birthday) **64**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles Meier**

13b. MOTHER'S MAIDEN NAME **Caroline Wedekind**

14. NAME OF HUSBAND OR WIFE **Lucille Meier**

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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Lucille Meier, 366 East Carrie Ave**

18. CAUSE OF DEATH  
Enter only the cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Stenosis**  
ANTECEDENT CAUSES **Cardiac Decompensation**  
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.

INTERVAL BETWEEN ONSET AND DEATH  
**1948**  
**1955**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **421.0**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **1948** to **Oct 12**, 19**55**, that I last saw the deceased alive on **Oct 12**, 19**55**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joseph J. Keenan M.D.**

23b. ADDRESS **3504 71st**

23c. DATE SIGNED **10-12-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Oct 15 1955**

24c. NAME OF CEMETERY OR CREMATORY **Friedens Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **OCT 13 1955**

REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave**

(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 .....  
*Allen W. Natz*

Licensed Embalmer No. *37*  
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.