No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6929

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1128

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4247 Pleasant Street 2107

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): MEYERS
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1890
9. AGE (In years last birthday): 65
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): Maintainence Man
10b. KIND OF BUSINESS OR INDUSTRY: Maintainence
11. BIRTHPLACE (City and State or Foreign Country): Switzerland,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: u.k. Meyers
13b. MOTHER'S MAIDEN NAME: u.k.
14. NAME OF HUSBAND OR WIFE: Mrs. Mary T. Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): u.k.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-10-4672
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary T. Meyers, ADDRESS: 4247 Pleasant

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) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — yrs
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: 332x
20. AUTOPSY? YES [X] 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* 1/25, 1956, *to* Jan 31, 1956, *that I last saw the deceased alive on* Jan 31, 1956, *and that death occurred at* 9 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD
23b. ADDRESS: 4161 Fairview
23c. DATE SIGNED: 2/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-3-56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State): Deer Creek, Illinois

DATE REC'D BY LOCAL REG.: FEB 2 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stock Mortuary, 2117 E. Grand Blvd.
MKB (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4187

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.