

FILED MAR 26 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **11152**  
Registrar's No. **2356**

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>38 days</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>7330 Maryland Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Carl</b>		b. (Middle) <b>F.G.</b>		c. (Last) <b>Meyer</b>	
4. DATE OF DEATH		Month <b>March</b> Day <b>5</b> Year <b>1956</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<b>married</b>		8. DATE OF BIRTH <b>March 7, 1880</b>		9. AGE (In years last birthday) <b>75</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chairman of Board</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meyer Brothers Drug Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Christian F. G. Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Francheska Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Lea Newell Meyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lea Newell Meyer, 7330 Maryland Avenue</b>			
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) <b>Cerebral Artery Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Coronary Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>  <b>Yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>332x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <b>Jan 27, 1955</b> , to <b>Mar. 5, 1956</b> , that I last saw the deceased alive on <b>Mar. 5, 1956</b> , and that death occurred at <b>12:15 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. J. McMillian, M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>3/5/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>3-7-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAR 6 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>			

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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 *Arnold W. Schenck*.....

Licensed Embalmer No. *386*.....

P. O. Address *St. Louis*.....

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