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FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14729**
Registrar's No. **3492**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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|--|--|---|--|
| 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) 71 | c. CITY OR TOWN St. Louis | 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 DOA City Hospital | | e. STREET ADDRESS (If rural, give location) 16 4060 Oleatha Avenue | 21670 |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) c. (Last) MEYKE | | | 4. DATE OF DEATH (Month) (Day) (Year) April 6, 1956 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 23, 1884 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Postoffice | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME Edward Meyke | | 13b. MOTHER'S MAIDEN NAME Louisa Thara | | 14. NAME OF HUSBAND/OR WIFE Norma Hanisch Meyke | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma Meyke, 4060 Oleatha Avenue | |

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|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by hanging | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1956, while suffering from | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. when deceased hanged self in basement of house on April | | | |

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|---|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Temporary Mental Aberration | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 6 56 ? m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E974.X | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased die on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE Joseph M. ... | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 4/9/56 | |
| 24a. BURIAL (CREMATION, REMOVAL) (Specify) Removal | | 24b. DATE Apr. 9, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. APR 9 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave. | |
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CORONER

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 Heriberto J. Krupp

Licensed Embalmer No. 3

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.