S. No. 300
v. 10.48

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22000

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5560

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

**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): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul 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 ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6 4927 Maffitt Avenue 2069

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Meier

**4. DATE OF DEATH** (Month) (Day) (Year): 6 - 9 -1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 6 - 10 -1873
**9. AGE** (In years last birthday): 82 — 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): Hardware Merchant
**10b. KIND OF BUSINESS OR INDUSTRY**: Merchant
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Peter H. Meier
**13b. MOTHER'S MAIDEN NAME**: Emma unknown
**14. NAME OF HUSBAND OR WIFE**: Viola T. 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.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Viola Meier, 4927 Maffitt Ave.

**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) Uremia — Uremia — INTERVAL BETWEEN ONSET AND DEATH: Chronic

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — Arteriosclerotic Heart disease — Chronic
DUE TO (c) Peptic ulcer — Peptic Ulcer

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Severe Secondary Anemia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Gen. Secondary anemia 4200 ~~5400~~
**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* Dec, 1953, *to* June 9, 1956, *that I last saw the deceased alive on* June 7, 1956, *and that death occurred at* 3:15PM, *from the causes and on the date stated above.*

**23a. SIGNATURE** Eugene J. Kohler (Degree or title) — Eugene J. Kohler MD
**23b. ADDRESS** 4968 Delmar — 4968 Delmar
**23c. DATE SIGNED** 6/11/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 6/12/56
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

**DATE REC'D BY LOCAL REG.**: JUN 11 1956
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Drehmann-Harral 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene Kohler 11 - 2
4968 Delmar Blvd.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed. Warren A. Carver

Licensed Embalmer No. 353

P. O. Address .....

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