

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22004

State File No. ....

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5313

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Clayton</u>	d. 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 <u>Deaconess Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6238 Southwood</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>	b. (Middle) <u>P.</u>	c. (Last) <u>Meyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Professor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theological Sem.</u>	9. AGE (In years last birthday) <u>28</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bellwood, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Paul H. Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Theiss</u>	14. NAME OF HUSBAND OR WIFE <u>Harriet Koenig</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harriet Meyer</u> ADDRESS <u>6238 Southwood</u>

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		INTERVAL BETWEEN ONSET AND DEATH  <u>9 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malignant melanoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with wide spread</u> DUE TO (c) <u>general metastasis</u>		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>190x</u>			

19a. DATE OF OPERATION <u>February 56</u>	19b. MAJOR FINDINGS OF OPERATION <u>metastatic melanoma - right axilla</u>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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 September, 1955, to June, 1956, that I last saw the deceased alive on June 2, 1956, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert K. Smith, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>June 3, 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 6, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Elmhurst Illinois</u>		

DATE REC'D BY LOCAL REG. <u>JUN 4 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden Funeral Homes</u> ADDRESS <u>1936 St. Louis</u>
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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... *Gustav W Dieter* .....

Licensed Embalmer No... *437* .....

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.**