

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28842

State File No. ....

FILED SEP 7 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. <b>7731</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 weeks</b>		c. CITY OR TOWN <b>Kirkwood</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>Deaconess Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>735 West Rose Hill Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MEYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 56</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>December 26, 1903</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Investment Broker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Newhard Cook</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>Frederich Meyer</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Wein</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta M. Meyer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none 498-09-3055</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loretta M. Meyer, 735 West Rose Hill Road</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEART FAILURE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE HEART DISEASE</b> DUE TO (c) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>DIABETES MELLITUS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 WKS</b> <b>3 YRS.</b> <b>4 YRS</b> <b>4 YRS</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>443x</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) _____		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>SEPT 23, 1950</b> , to <b>AUG 18, 1956</b> , that I last saw the deceased alive on <b>AUG 17, 1956</b> , and that death occurred at <b>9:22 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert E. Koch</b> (Degree or title) _____				23b. ADDRESS <b>M.D. 35 N. Central</b>		23c. DATE SIGNED <b>8.20.56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-21-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 21 1956</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>			

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

Dr. R. E. Koch,  
35 North Central  
PA 5-9656

1:30 P.M. MONDAY

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. Schoene*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis, Mo*.....

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.