S. No. 300
V. 10.48

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

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32623

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2068

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: 4001 Creve Coeur
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Olive Street Road

3. NAME OF DECEASED (Type or Print): a. (First) Heyward b. (Middle) I. c. (Last) Meyer

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1907

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 8, Days 10, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Const.

11. BIRTHPLACE (City and State or Foreign Country): Fairdealing, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry W. Meyer

13b. MOTHER'S MAIDEN NAME: Ada Cope

14. NAME OF HUSBAND OR WIFE: Catherine Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 497-07-6897

17. INFORMANT'S SIGNATURE OR NAME: Catherine Meyer **ADDRESS**: Creve Coeur, Mo.

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) Peritonitis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation, multiple of ileum — 2 wks.
DUE TO (c) Contusion of abdomen — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion, right 9/20 — 10 dys.

19a. DATE OF OPERATION: 28 Aug. 56
19b. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pee Pee Rd. St. Louis Co.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 17 56 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Tractor fell on pt.

22. I hereby certify that I attended the deceased from 17 Aug., 1956, to 31 Aug. 1956 that I last saw the deceased alive on 31 Aug., 1956, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): L. F. Coulter Jr. M.D.
23b. ADDRESS: 1617 S. Brentwood Blvd.
23c. DATE SIGNED: 4 Sept. 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 3, 1956
24c. NAME OF CEMETERY OR CREMATORY: St. Monica
24d. LOCATION (City, town, or county) (State): Creve Coeur, Missouri

DATE REC'D BY LOCAL REG.: 9-2-56
REGISTRAR'S SIGNATURE: Herbert R. Donlevy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ortmann Funeral Home 9222 Lackland

(Licensed Embalmer. See Statement on Reverse Side)

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..A. C. Ostmann.....

Licensed Embalmer No.3478...

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.