

Health,  
Welfare  
Public  
Service

300  
1-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other symptoms will be listed. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35921

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9772**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>911a Montgomery St.</b>			Length of stay in lb. <b>Life</b>		STREET ADDRESS (If outside, give location) <b>911a Montgomery St.</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>George Fred Meyer</b>				4. DATE OF DEATH <b>Oct. 23 1956</b>		Month Day Year	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 8, 1891</b>		9. AGE (In years last birthday) <b>65 yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Chas. Wunderlich Cooperage Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>August Meyer</b>				14. MOTHER'S MAIDEN NAME <b>Louise Vogt</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-09-2440</b>		17. INFORMANT <b>Mrs. Jessie Meyer, 911a Montgomery St. (6)</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory obstruction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>about five months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Carcinoma of Larynx</b>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cardiac Disease</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Sept. 22, 1956</b> to <b>Oct. 19, 1956</b> and last saw <sup>her</sup> him alive on <b>Oct. 19, 1956</b> Death occurred at <b>8:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Wm. E. Sauer</b> (Degree or title) <i>Wm. E. Sauer</i> M.D.				22b. ADDRESS <b>3720 Washington Blvd., St. Louis 8, Missouri</b>		22c. DATE SIGNED <b>Oct. 24, 1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/26/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri.</b>		
24. FUNERAL DIRECTOR <b>CALVIN F. FEHTZ FUNERAL HOME, INC</b> ADDRESS <b>4828 NAT'L BRIDGE ST. LOUIS 15 MO</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 26 1956</b>		26. REGISTRAR'S SIGNATURE <i>Calvin Fehtz M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*John A. Medina*

Licensed Embalmer No... 41

P. O. Address *St. Louis*

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