

FILED NOV 30 1956

THE DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

39630
 State File No. 10381

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10381			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) SWEETS		c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS 4505		d. STREET ADDRESS (If rural, give location) 1351 MC CUTCHEON			
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL									
3. NAME OF DECEASED (Type or Print) ELMER		a. (First)		b. (Middle) H		c. (Last) MEIER			
4. DATE OF DEATH (Month) (Day) (Year) NOV 12 1956		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH OCT 30, 1888		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME JULIUS MEIER		13b. MOTHER'S MAIDEN NAME IDA STOCKHOFF		14. NAME OF HUSBAND OR WIFE FRANCES 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. 499-26-7776		17. INFORMANT'S SIGNATURE OR NAME ELENORE SMITH		ADDRESS 1023 GLENBROOK			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism				ANTECEDENT CAUSES DUE TO (b) Atherosclerosis Rostum				Immediate	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic rectal adenocarcinoma general - 6 Mo.				2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154x				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)		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 14 June, 1954, to 11/12/1956, that I last saw the deceased alive on 11/11/1956, and that death occurred at 3:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE D. S. Steiner MO				23b. ADDRESS 35 N. Central Clayton Mo		23c. DATE SIGNED 11/13/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE NOV 14 1956		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) 7600 ST CHARLES ROCK RD. MO			
DATE REC'D BY LOCAL REG. NOV 14 1956		REGISTRAR'S SIGNATURE E. S. Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 8895 BRENTWOOD BLVD					

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

CLAYTON

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
Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4787

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 this body is not embalmed, fact should be so stated above.