

FILED JAN 15 1957.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43531

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 11662 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #265 No. Union Blv'd.			Length of stay in 1b	d. STREET ADDRESS #265 No. Union Blv'd.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jerome Gustave Meyer.				4. DATE OF DEATH Month Day Year Dec, 19 1956.			
5. SEX Male. <input checked="" type="checkbox"/>	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 5, 1893.	9. AGE (In years last birthday) 63.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins Executive, St. Louis Ins Corp.,			10b. KIND OF BUSINESS OR INDUSTRY Louis Ins Corp.,	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gustave Meyer.				14. MOTHER'S MAIDEN NAME Emma Hertle.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W.W.I.		16. SOCIAL SECURITY NO. YES UNK	17. INFORMANT Address Mrs Catherine E. Meyer, #265 N. Union Bl.,				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Angina pectoris</i> DUE TO (b) <i>coronary artery sclerosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> <i>3 + "</i>	
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.) <i>420.1</i>				
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 <i>Feb 4 '54</i> to <i>Dec 19 '56</i> and last saw <i>her</i> alive on <i>Nov 2 '56</i> Death occurred at <i>8</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ramuel D Grant MD</i>				22b. ADDRESS <i>114 N. Taylor Ave</i>		22c. DATE SIGNED <i>12/20/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec 21, 1956	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		23d. LOCATION (City, town, or county) St. Louis, Missouri.		(State)	
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons #7233 Delmar Bl			25. DATE RECD. BY LOCAL REG. DEC 20 1956		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> S.P.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner need not certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence A. Mc*.....

Licensed Embalmer No. *40*.....

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.