

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6864

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 400
1. PLACE OF DEATH a. COUNTY -- St. Louis		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) Clayton	c. LENGTH OF STAY (If this place) 1 day	c. CITY OR TOWN Webster Groves	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 St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 101 Wilshusen		
3. NAME OF DECEASED a. (First) Anthony Type or Print		b. (Middle) L.	c. (Last) Meyer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 25, 1940	9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY College	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William M. Meyer		13b. MOTHER'S MAIDEN NAME Iris Ciarnello	14. NAME OF HUSBAND OR WIFE None	
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. 499-42-5932	17. INFORMANT'S SIGNATURE AND NAME ADDRESS William M. Meyer, 101 Wilshusen	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion - Contusion + Laceration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull Fracture left parietal Area DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 26 hrs. 26 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shrewsbury, St. Louis, Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Feb. 8 - 57 11:35 p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? which driver lost control & collided		
22. I hereby certify that I attended the deceased from 2-9-1957, to 2-10-1957, that I last saw the deceased alive on 2-10-1957 and that death occurred at 2:40 A.M., from the causes and on the date stated above:				
23a. SIGNATURE Richard H. King		(Degree or title) M.D.	23b. ADDRESS 601 S. Brentwood Clayton, Mo.	23c. DATE SIGNED 2-10-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-57	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 2-12-57	REGISTRAR'S SIGNATURE Herbert R. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calcaterra Funeral Home, 5140 Daggett Ave.		

(Licensed Embalmer's Statement on Reverse Side)

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

1377

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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