

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15041
Stat. File No. 3677

FILED APR 26 1957

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 Yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 21 7204 Minnesota Ave.				e. STREET ADDRESS (If rural, give location) 7204 Minnesota Ave.				
3. NAME OF DECEASED (Type or Print) AUGUST J. MEYER			a. (First) J.		b. (Middle) J.		c. (Last) MEYER	
4. DATE OF DEATH Apr. 14, 1957		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 4, 1883		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer-Driver		10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mae J. Meyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No 493-07-9665		17. INFORMANT'S SIGNATURE OR NAME Mae J. Meyer ADDRESS 7204 Minnesota Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour Chronic		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 581.0				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Min) _____		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 Jan 3, 1956 to Apr 14, 1957 , that I last saw the deceased alive on Apr 10, 1957 , and that death occurred at 9:20 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Paul C. Ruppert M.D. (Degree or title)				23b. ADDRESS 7704 Quincy St.		23c. DATE SIGNED 4/17/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/18/57		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Ill		
DATE REC'D BY LOCAL REG. APR 17 57		REGISTRAR'S SIGNATURE J. Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 7420 Michigan Ave.				

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

Dr. Dripps.
7702 Ivory Ave.

10 to 1 - June

MISSOURI

St. Louis

2304 Minnesota Ave.

1931

WELLS

1

AUGUST

24

Jan 4, 1933

Married

1931

1931

USA

St. Louis, Mo

Wolcott Brewery

Beer-Driver

1931

Unknown

Unknown

2304 Minnesota Ave. 1931-32

No

No

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 *W. B. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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