

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19052

State File No. ....

FILED MAY 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2866**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

c. CITY OR TOWN **4000 Bissell Hills** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **41 Fairlea Hospital**

e. STREET ADDRESS (If rural, give location) **27 9713 Griffin Dr.**

3. NAME OF DECEASED  
a. (First) **George W** b. (Middle) \_\_\_\_\_ c. (Last) **Meichel**

4. DATE OF DEATH (Month) (Day) (Year) **4-21-57**

5. SEX **M** 6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **October 30, 1897**

9. AGE (In years last birthday) **59** IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Asst. Gen. Fret. Agent**

10b. KIND OF BUSINESS OR INDUSTRY **Frisco R.R.**

11. BIRTHPLACE (City and State or Foreign Country) **Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles**

13b. MOTHER'S MAIDEN NAME **Frederick Becker**

14. NAME OF HUSBAND OR WIFE **Ruth Meichel (Grimm)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ruth Meichel, 9713 Griffin Dr.** ADDRESS **15**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Pulmonary edema** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **2 hrs**

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Chronic Heart Disease**  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **416x**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 17, 1957** to **Apr 21, 1957**, that I last saw the deceased alive on **Apr 21, 1957**, and that death occurred at **8:25 P.m.**, from the causes and on the date stated above.

23. SIGNATURE **J. Paul Smith M.D.** (Degree or title)

23b. ADDRESS **4960 Soledad**

23c. DATE SIGNED **4/21/57**

24. BURIAL, CREMATION, REMOVAL (Specify) **Removal-Motor**

24b. DATE **April 24, 1957**

24c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery**

24d. LOCATION (City, town, or county) (State) **Collinsville, Illinois.**

DATE REC'D BY LOCAL REG. **APR 23 57**

REGISTRAR'S SIGNATURE **J. Paul Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **CALVIN F. FEUTZ** ADDRESS **4828 Nat'l. Bridge Blvd. 15**

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

**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. McLean*.....  
Licensed Embalmer No. *418*.....

P. O. Address *St. Louis*.....

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.