

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1963

FILED MAY 24 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4351

STATE FILE NUMBER

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|---|---|
| 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 | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1 | | d. STREET ADDRESS (If outside, give location) 2947 S 3442 California | |
| Length of stay in lb 2-wks | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First George Middle L. Last Meyer | | | 4. DATE OF DEATH Month May Day 5 Year 1957 |
| 5. SEX Male | 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 Aug. 30, 1889 |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME August Meyer | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 492-05-0502A | |
| 17. INFORMANT George A. Meyer - 4108 Alma Ave. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branchiopneumonia | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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.) |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____ | | | |
| 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 4/15/57 to 5/5/57 and last saw her alive on 5/5/57 Death occurred at 7:34 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Stuart A. Yaffe, M.D. | | 22b. ADDRESS 1515 Lafayette | 22c. DATE SIGNED 5-6-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE May 8, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park |
| 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| 24. FUNERAL DIRECTOR WACKER-HELDERLE - 3634 Gravois Ave. | | 25. DATE RECD. BY LOCAL REG. MAY 7 '57 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. |

74-2-13

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 C. Wheeler*.....

Licensed Embalmer No. *21*

P. O. Address *Shawnee*

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.