

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19551

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1232

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Olivette</u> <u>4380</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Co. Hosp.</u>			Length of stay in 1b <u>31 DAYS</u>			d. STREET ADDRESS (If outside, give location) <u>10050 Olive St. B.</u>	
3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u></u> Last <u>Meisch</u>		4. DATE OF DEATH Month <u>5</u> Day <u>12</u> Year <u>1957</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 5, 1908</u>	9. AGE (In years last birt (May)) <u>48</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CO. HIGHWAY DEPT</u>		11. BIRTHPLACE (City and state or country) <u>DES PERES, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>WM. MEISCH</u>				14. MOTHER'S MAIDEN NAME <u>LENA HENSING</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-22-1332</u>		17. INFORMANT <u>Stm. Meisch, Des Peres Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Carcinoma of Stomach &amp; Esophagus</u> ? period	
						DUE TO (c) <u>Laennec's Cirrhosis</u> ? "	
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.) <u>1998</u>				
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>4-11-1957</u> to <u>5-12-1957</u> and last saw her alive on <u>5-12-1957</u> Death occurred at <u>10:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <u>Richard H. King M.D.</u>				22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>5-12-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Des Peres, Mo.</u>	
24. FUNERAL DIRECTOR <u>Schraden Fuel Home, Bellvue Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Richard K. Donkey MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

HEALTH, WELFARE, PUBLIC SERVICE  
 300  
 1-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other, coroner, etc. must use only standard nomenclature in item 10. No symptoms with the listed.

**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.....  
*Richard Bopp*

Licensed Embalmer No. *45*

P. O. Address *Baltimore*

**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.