

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

79519-57

58-012019

STATE FILE NUMBER 2979

FILED MAR 27 1958

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

health, Welfare Public service
300
7-56
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9109 Gast Pl			Length of stay in 1b		STREET ADDRESS 9109 Gast Pl		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First PHILIP Middle 0 Last MEYER				4. DATE OF DEATH Month March Day 13th Year 1958											
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH September 24th 1957		9. AGE (In years last birthday) 5 Months 19 Days 0 Hours 0 Min.	IF UNDER 1 YEAR IF UNDER 24 HRS.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA								
13. FATHER'S NAME David Meyer				14. MOTHER'S MAIDEN NAME Florence Buchan											
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. none		17. INFORMANT David Meyer, 9109 Gast Pl			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) Suffocation by Strangulation DUE TO (b) _____ DUE TO (c) When deceased was drowned PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Deceased had a stroke, at 9109 Gast Pl., on March 15th 1958. My brother Meyer, (deceased) who was in a state of insane mind at the time.								INTERVAL BETWEEN ONSET AND DEATH E983+							
20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. Circumstances of injury if Part I or Part II item 18a.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20c. TIME OF INJURY Hour 3 Month 13 Day 1958 a. m. 13 p. m. 58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 08							20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY Mo		STATE Mo	
21. I attended the deceased from 356 to _____ and last saw her him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE J. Carl Smith			22b. ADDRESS 1200 Clark			22c. DATE SIGNED 3/14/58									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)									
burial		3/15/58		Calvary Cemetery		St. Louis, Mo.									
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Halls Ferry				ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 14 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.							

IMPROVED

X

EMBALMER

X

EMBALMER

1. DATE OF

1. DATE OF

*Prof. Embalmer
E. J. Huberman*

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

Licensed Embalmer No.

P. O. Address

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.