

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016191

STATE FILE NUMBER

FILED APR 21 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4099

300

-57

3

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 DePaul Hospital			Length of stay in lb D.O.A. 99		d. STREET ADDRESS (If outside, give location) 4550 Holly		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle W. Last Meyer				4. DATE OF DEATH Month April Day 14, Year 1958			
5. SEX male 0		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 November 26, 1880	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Meyer			13b. MOTHER'S MAIDEN NAME Helena Fishbeck			14. NAME OF HUSBAND OR WIFE Mary A. Meyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 488-01-8028		17. INFORMANT Mary A. Meyer - 4550 Holly 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) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>PREVIOUS Cerebral Vascular accidents</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>	
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.) <i>420.0</i>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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			20g. COUNTY		20h. STATE		
21. I attended the deceased from <i>JAN 19 55</i> to <i>4/14/58</i> and last saw him alive on <i>21 FEB 58</i> Death occurred at <i>7:30 AM 14 APRIL 1958</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R. D. McLelland M.D.</i>				22b. ADDRESS <i>8515 Delmar</i>		22c. DATE SIGNED <i>14 April 58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>April 17, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Zion's Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County, Missouri</i>	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair				25. DATE RECD. BY LOCAL REG. <i>APR 15 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 G. Burnley*

Licensed Embalmer No. *4205*

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.