

Public Health Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016192  
STATE FILE NUMBER  
3707

FILED APR 25 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3707

300  
-57  
0

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"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 3417 Junia ta St	
Length of stay in lb 42 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ERNST (Earnest Ernest) MEYER		4. DATE OF DEATH Month Day Year Mar. 31, 1958	
5. SEX male 0	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 July 22, 1909
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Electrical Worker	11. BIRTHPLACE (City and state or country) Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Electrical Worker		10b. KIND OF BUSINESS OR INDUSTRY Electrical	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick Meyer		13b. MOTHER'S MAIDEN NAME Anna Wahlers	14. NAME OF HUSBAND OR WIFE none
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. 497-01-1789	17. INFORMANT Mrs. Anna Promnitz 7915 Madison Dr., (14)
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>Anesthetic Agent;</i> DUE TO (b) <i>Pulmonary Infection with probable embolus;</i> DUE TO (c) <i>While being operated on for</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>at City Hospital #1. March 31st</i>			
20a. ACCIDENT <input checked="" 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>at City Hospital #1. March 31st</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>12:10 p.m. 3 31 58</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>23 St. Louis Mo</i>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>		
21. I attended the deceased from <i>12:10</i> to <i>5:27:2</i> and last saw her alive on <i>3/31/58</i> Death occurred at <i>12:10</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Regin Dr. [Signature]</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>4/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Apr. 3, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Av</i>		25. DATE RECD. BY LOCAL REG. <i>APR 2 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>S.P.</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 Delis J. Krupin

Licensed Embalmer No. 3497

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.