

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016945  
STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1169

300  
-57  
0  
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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mt. St. Rose Hosp.</b>		Length of stay in lb <b>3 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>2125 Blendon Place</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>AUGUST</b> Middle <b>0</b> Last <b>MEIER</b>			4. DATE OF DEATH Month <b>April</b> Day <b>27th</b> Year <b>1958.</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 25th 1891</b>	9. AGE (In years last birthday) <b>67</b>	FUNDER 1 YEAR Months <b>3</b> Days <b>2</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Air Craft</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>August O. Meier</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Peters</b>	14. NAME OF HUSBAND OR WIFE <b>Mathilda Meier</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>488-10-2592</b>	17. INFORMANT <b>Mathilda Meier</b>	Address <b>2125 Blendon Pl.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA of Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs +</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<b>181.0</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) <b>Arteriosclerotic Cardiovascular Disease</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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
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21. I attended the deceased from <b>11 Oct 56</b> to <b>27 April 58</b> and last saw <del>him</del> <sup>her</sup> alive on <b>26 April 58</b> Death occurred at <b>10:45 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>John J. McCann M.D.</b>	22b. ADDRESS <b>4401 Hampton</b>	22c. DATE SIGNED <b>29 April 58</b>
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23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>	23b. DATE <b>Apr. 30 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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24. FUNERAL DIRECTOR <b>A. H. Bocklage</b>	ADDRESS <b>6536 Clayton Rd.</b>	25. DATE RECD. BY LOCAL REG. <b>4-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Doule</b>
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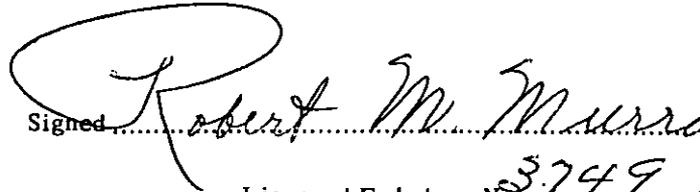
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....

Licensed Embalmer No. 3749 .....

P. O. Address St. Louis, Mo. ....

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.