

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027242
STATE FILE NUMBER
6330

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Ferdinand Twp</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R#2 Box 177a Florissant</u>	

3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>H.</u> Last <u>MEYER</u>			4. DATE OF DEATH Month <u>June</u> Day <u>21st</u> Year <u>1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 30th, 1893</u>	9. AGE (In years last birthday) <u>64</u>	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>cement prod.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fred Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Jacobsmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Wilhelmina Meyer</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-14-5132</u>	17. INFORMANT <u>Wilhelmina Meyer, R#2 Box 177a, Florissant, Mo.</u>
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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) <u>acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>420.1</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 <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 <u>St. Louis Co., Mo.</u>
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21. I attended the deceased from <u>4-1-58</u> , to <u>6-21-58</u> and last saw ^{her} / _{him} alive on <u>6-21-58</u> Death occurred at <u>6:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert W. Lohr M.D.</u>	22b. ADDRESS <u>6101 Lafayette, Florissant</u>	22c. DATE SIGNED <u>6-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>6/25/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>DIEDRICH FUNERAL HOME, 9319 Hallsferry</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 23 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *Shawville*

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.