

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030754

State File No. ....

FILED AUG 28 1958

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7720

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, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01</u> 4105 Kossuth Avenue		e. STREET ADDRESS 4105 Kossuth Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Henry Meyer		a. (First) Henry		b. (Middle)	
c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1958			
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Nov. 3, 1874		9. AGE (In years last birthday) 83 yrs		IF UNDER 1 YEAR: Months Days IF UNDER 2 WKS: Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10b. KIND OF BUSINESS OR INDUSTRY Furniture Ass'n.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri <input checked="" type="checkbox"/>	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Meyer		13b. MOTHER'S MAIDEN NAME Augusta Buese	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-05-2772	
17. INFORMANT'S SIGNATURE OR NAME Mr. Arthur Meyer, 4105 Kossuth Ave 15		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arterio-sclerosis</u>		10 yrs.	
DUE TO (c) <u>331xH</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of rectum</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-15</u> , 19 <u>58</u> , to <u>8-7</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>58</u> , and that death occurred at <u>11:10 PM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur B. Day M.D.</u>		(Degree or title)		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>8-8-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 9, 1958	
24c. NAME OF CEMETERY OR CREMATORY <u>Frieden's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 8 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Anthony B. Day  
3720 Washington

10-12 Today Sure

File in city

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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 *Ralph E. Linder*.....

Licensed Embalmer No. *4275*

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.