Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031202
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2203

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis Co Hosp. — Length of stay in Ib: 8 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3808 Lemay Ferry Rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: George Last: Meyer

4. DATE OF DEATH Month: 8 Day: 21 Year: 58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Jan-19-1888

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 7 Days 3 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Glazier

10b. KIND OF BUSINESS OR INDUSTRY: Glazier

11. BIRTHPLACE (City and state or country): St Louis Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNK

13b. MOTHER'S MAIDEN NAME: UNK.

14. NAME OF ~~HUSBAND OR~~ WIFE: Pearl B. Meyer Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW No 1

16. SOCIAL SECURITY NO.: 488-09-2585

17. INFORMANT: Mr Earl Lohaus Adm. Address 3800 Lemay Ferry Rd

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular disease
DUE TO (c): Generalized arteriosclerosis 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): (1) CVA (2) Diabetes mellitus (3) Cellulitis (4) leg and (5) arm

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury if PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-13-58, to 8-21-58 and last saw ~~her~~ him alive on 8-21-58
Death occurred at 2:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Oakley M.D.

22b. ADDRESS: 601 So. Brentwood

22c. DATE SIGNED: 8/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug-25-1958

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county): J.B. Lemay. (State): Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home — ADDRESS: Mehlville, Mo

25. DATE RECD. BY LOCAL REG.: 8-23-58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

VS APR 2 1959

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 Clarence M. Bill

Licensed Embalmer No. 4375

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.