

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019439

STATE FILE NUMBER
Registration District No. 2 4592

FILED MAY 22 1959

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5418 Nottingham Ave.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5418 Nottingham Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES HENRY MEYER			4. DATE OF DEATH Month Day Year May 9 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1871	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Shapleigh		10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gustave Meyer		13b. MOTHER'S MAIDEN NAME Helen Gieselman		14. NAME OF HUSBAND OR WIFE Catherine Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes Span-Amel War		16. SOCIAL SECURITY NO. 488-18-1184	17. INFORMANT Address Catherine Meyer 5418 Nottingham Av.		
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>Cerebral Hemorrhage</i> DUE TO (b) <i>Parkinson's Disease</i> DUE TO (c) <i>Chronic Bronchitis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.3					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>yr.</i> <i>yr.</i>
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.) <i>X</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<i>X</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <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	
21. I attended the deceased from Death occurred at <i>5418 Nottingham Ave</i> on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her alive on <i>5-9-59</i>			
22a. SIGNATURE <i>D. C. [Signature]</i>		22b. ADDRESS <i>4573 S Kingshighway</i>		22c. DATE SIGNED <i>5/11/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 12, 1959		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				23d. LOCATION (City, town, or county) (state) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 11 '59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *428th Ave*

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.