

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026953

FILED VS AUG 13 1959

2 7133

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | 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 Cardinal Glennon Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9145 Meyer Lane Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) First Terry Middle Carl Last Meyer | | | 4. DATE OF DEATH Month July Day 30 Year 1959 | | |
|------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------|--|--|

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|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|----------------------------------------------------------------------|----------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/26/1959 | 9. AGE (last birthday) | IF UNDER 1 YEAR Months _____ Days 4 Hours _____ Min. _____ | IF UNDER 24 HR |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|----------------------------------------------------------------------|----------------|

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|------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----- | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
|------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|

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|---------------------------------------------|-----------------------------------------------------|--------------------------------------|
| 13a. FATHER'S NAME George L Meyer | 13b. MOTHER'S MAIDEN NAME Delores Lindner | 14. NAME OF HUSBAND OR WIFE ----- |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------|

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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) no | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT George L Meyer | Address 9145 Meyer Lane |
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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) Kernicterus | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) E type blood Incompatibility | |
| | DUE TO (c) 770.1 | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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. | Month, Day, Year |
|---------------------------------------------------|------------------|

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| 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 |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|--------|-------|

21. I attended the deceased from **birth 7/26** to **7/30** and last saw her/him alive on **7/30**
Death occurred at **5 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

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|---------------------------------------|-------------------|-----------------------------------------|-----------------------------------|
| 22a. SIGNATURE O. K. Hammit | (Degree or title) | 22b. ADDRESS 357 Central City | 22c. DATE SIGNED 8/1/59 |
|---------------------------------------|-------------------|-----------------------------------------|-----------------------------------|

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|---------------------------------------------------|------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 8/1/1959 | 23c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery | 23d. LOCATION (City, town, or county) (State) Sappington, Mo. |
|---------------------------------------------------|------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|

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|-------------------------------------------------------------|--------------------------------|--------------------------------------------------|------------------------------------------------------|
| 24. FUNERAL DIRECTOR John L Ziegenhein & Sons | ADDRESS 7027 Gravois | 25. DATE RECD. BY LOCAL REG. AUG 1 '59 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |
|-------------------------------------------------------------|--------------------------------|--------------------------------------------------|------------------------------------------------------|

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by no embalming, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon P. Wester

Licensed Embalmer No. _____

P. O. Address 7027 Grass

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.