

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030644

FILED VS SEP 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8042** STATE FILE NUMBER

DED

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, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO			Length of stay in 1b 5-MO	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3532 VICTOR STREET		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle M Last MEYERS				4. DATE OF DEATH Month AUGUST Day 29 Year 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 4/16/95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE ASSEMBLER			10b. KIND OF BUSINESS OR INDUSTRY FACTORY		11. BIRTHPLACE (City and sta. or country) DE SOTO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME HENRY MEYERS			13b. MOTHER'S MAIDEN NAME MARTHA WILSON		14. NAME OF HUSBAND OR WIFE EVA MEYERS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. 493-09-8275		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA (BASALAR ARTERY INSUFFICIENCY)						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CEREBRAL ARTERIOSCLEROSIS							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHD, URINARY TRACT INFECTION					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
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 3/18/59 to 8/29/59 and last saw him alive on 8/29/59 Death occurred at 6:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. D. BREMER (Degree or title)				22b. ADDRESS M.D. VAH, ST LOUIS, MISSOURI			22c. DATE SIGNED 8/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE SEPT-1-1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY-MO			
24. FUNERAL DIRECTOR L. B. Tanner, 6107 Natural Bridge ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 31 1959		26. REGISTRAR'S SIGNATURE Earl 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

~~me~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Elton H. Remelick

Licensed Embalmer No. 4283

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.