URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH 59-042251

FILED VS DEC 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210701 STATE FILE NUMBER

ENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Alcazar Hotel 3100 Locust St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SIDNEY Middle Last MEYER
4. DATE OF DEATH: Month Day Year 11-13-59
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-11-1880
9. AGE (last birthday): 79
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): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Famous*Barr Co.
11. BIRTHPLACE (City and state or country): Louisville, Ky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Moses Meyer
13b. MOTHER'S MAIDEN NAME: Sophia Sternberg
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Record Dept. Koch Hospital Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 4200
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 1030 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Patrick J. Taylor Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11-20-59
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) (State): Univ. City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson
25. DATE RECD. BY LOCAL REG.: NOV 20 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by NOT EMBALMED NOT EMBALMED, Student Embalmer No.

working under my personal supervision. NOT EMBALMED

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3988

P. O Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.