

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017138

FILED VS APR 18 1960

STATE FILE NUMBER

2.3619

ENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b <b>2 WEEKS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6545 WINNEBAGO</b>
3. NAME OF DECEASED (Type or print) <b>A/K/A GUSTAV MEYER</b>		Middle <b>MEYER</b> LAST <b>MEYER</b>	4. DATE OF DEATH Month <b>MARCH</b> Day <b>30</b> Year <b>1960</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUCASTAN</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/17/1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>barber (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOP EMPLOYEE</b>	9. AGE (last birthday) <b>88</b>
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Kindt</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret B. Meyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-03-0089</b>	17. INFORMANT Address <b>DOROTHY M. MEYER, 6545 WINNEBAGO, ST. LOUIS</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>420.0</b>			
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
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 <b>1956</b> to <b>1960</b> and last saw him alive on <b>29 March 60</b> Death occurred at <b>6:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Arch M. Ahern, MD</b>		22b. ADDRESS <b>3915 Watson Rd</b>	22c. DATE SIGNED <b>30 Mar 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>4/1/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 31 1960</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

71183

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eric A. Lounsbury*

Licensed Embalmer No. 4768

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.