

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024761

FILED VS JUL 7 1960 318

318

1003

Registrar's No. 6313

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 hrs	c. CITY OR TOWN East 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 Missouri-Pacific Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Roosevelt Homes 43 E Bunker Road	
3. NAME OF DECEASED (Type or print) First John Middle Last Meurer			4. DATE OF DEATH Month June Day 19 Year 1960		
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 9-19-1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pens. Watchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Dusseldorf on Rhein USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Meurer		13b. MOTHER'S MAIDEN NAME Catherine Piehl	
14. NAME OF HUSBAND OR WIFE Amelia		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. None	
17. INFORMANT Amelia Meurer		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT. DUE TO (b) ATHEROSCLEROSIS - BRONCHY APT. DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 8 HRS - 5 YRS -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6-21-60		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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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		20g. COUNTY		20h. STATE	
21. I attended the deceased from June 19, 1960 to June 19, 1960 and last saw him alive on June 19, 1960 Death occurred at 11.20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry Meurer M.D.			22b. ADDRESS 1755 So Grand		22c. DATE SIGNED JUN 20, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 20, 1960		23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
23d. LOCATION (City, town, or county) (State) Canteen Wnshp., Illinois		24. FUNERAL DIRECTOR Harry C Robins		25. DATE RECD. BY LOCAL REG. JUN 21 1960	
24. FUNERAL DIRECTOR ADDRESS 417 N 8th St East St. Louis		26. REGISTRAR'S SIGNATURE Loan Smith M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7186

X

X

X

TO THE

TO THE

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. _____

X

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Kenn Proff

Licensed Embalmer No. _____

4354

P. O. Address _____

St. Louis

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