

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-037061

FILED VS SEP 19 1960

317

Primary Registration District No. 500 Registrar's No. 2608

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Charles									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lackland Rd		Length of stay in 1b 4 yrs		c. CITY OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 60la Clay St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Emil Middle F. Last Meiser				4. DATE OF DEATH Month Sep. Day 3 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/23/1895		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker				10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and state or country) St Charles Co Mo. USA		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Wm. Meiser				13b. MOTHER'S MAIDEN NAME Anna Gnetz				14. NAME OF HUSBAND OR WIFE Eva Brooks Meiser					
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. 488-05-8083		17. INFORMANT Address Nora Meiser 60la Clay St							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Lobar (Rd.) DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3 days			
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 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		COUNTY		STATE			
21. I attended the deceased from May 1 - 60 to Sept 3 - 60 and last saw her alive on Sept 2 - 60 Death occurred at 3132A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) C. E. Sterling MD						22b. ADDRESS 8105 Page Blvd, St Louis 32 Mo			22c. DATE SIGNED 9-5-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/6/60		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			23d. LOCATION (City, town, or county) (State) St Louis Mo.						
24. FUNERAL DIRECTOR ADDRESS Arthur C Baue St Charles Mo				25. DATE RECD. BY LOCAL REG. 9-5-60		26. REGISTRAR'S SIGNATURE J. C. Murphy MD							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 20. 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060
P. O. Address S. V. Clark

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.