IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EILED VS OCT 1 9 1960

-60-040000

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9802

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: Moline
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2130 Sun Valley Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle E. Last MEYER
4. DATE OF DEATH: Month OCTOBER Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-23-1881
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): Retired Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Beltx Corp.
11. BIRTHPLACE (City and state or country): Worden, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Diedrich Meyer
13b. MOTHER'S MAIDEN NAME: Louise Timmerhoff
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-01-2982A
17. INFORMANT: Mr Harry Smith, 5860 Nottingham
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): Rupture of aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis - Aorta & gen — years
DUE TO (c): 451x

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 1950, to 10/8/60 and last saw her/him alive on 10/8/60
Death occurred at 8:50 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles N. Duden Charles Duden, M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 10/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-11-1960
23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR: Math. Hermann & Son Inc.
ADDRESS: 2161 E. Faie Ave.
25. DATE RECD. BY LOCAL REG.: OCT 10 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Arlen W. Hal

Signature of Student Embalmer

Licensed Embalmer No. B 375

P. O. Address St. Jam

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