MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006726

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1228

AMENDED

FILED VS FEB 20 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4222 Oakwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK — Middle G. — Last MEYER
4. DATE OF DEATH: Month February — Day 4, — Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-19-1894
9. AGE (last birthday): 66
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 Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg. Corp.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Meyer
13b. MOTHER'S MAIDEN NAME: ----------
14. NAME OF HUSBAND OR WIFE: Antoinette L. Meyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
16. SOCIAL SECURITY NO. (If yes, give war or dates of service):
17. INFORMANT: Address: Mrs. A.L. Meyer - 4222 Oakwood

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): cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b): atrial fibrillation
DUE TO (c): arteriosclerosis — 433.1 — 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterio-sclerotic Heart Disease.
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 1958, to 1961 and last saw him alive on Feb. 4, 1961.
Death occurred at 11:20 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William C. Mowrey (Degree or title) M.D.
22b. ADDRESS: 231 Northland Med Bldg.
22c. DATE SIGNED: 2/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Morrell Funeral Hm. — ADDRESS: 3710 N. Grand
25. DATE RECD. BY LOCAL REG.: Bl. FEB 7 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

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

Student_____
Signature of Student Embalmer

Signed Leo J Budde

Licensed Embalmer No. 3989

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.