

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011260
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3400

AMENDED

FILED APR 14 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	c. CITY OR TOWN		Inside Limits	
		St. Louis			Illinois		Macoupin	Mount Olive		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			DePaul Hospital		Inside Limits	d. STREET ADDRESS (If outside, give location)			Reside on Farm		
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	215 N. Poplar			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				First	Middle	Last		4. DATE OF DEATH			
				Ervin	W.	Meyer		April 8, 1961			
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR	
Male	White			2/13/1898		63		Months	Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY				
Merchant			Television		Mt. Olive, Ill.		U.S.				
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Edward Meyer				Anna Aberle			Hannah Lawson Meyer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			17. INFORMANT Address				
Yes <input checked="" type="checkbox"/> WW I				Unknown			Hannah Meyer, Mt. Olive, Ill.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <i>Hepatic failure due to Biliary obstruction</i>											
DUE TO (b) <i>Carcinoma of Gallbladder & bile ducts,</i>											
DUE TO (c) <i>metastatic from Primary in lung Pt.</i>											
INTERVAL BETWEEN ONSET AND DEATH											
<i>3 days</i>											
<i>5 weeks</i>											
<i>2 years</i>											
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.			
<i>Diabetes Mellitus</i>								155-1			
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 <u>4/2/61</u> to <u>4/8/61</u> and last saw him <u>from</u> alive on <u>4/8/61</u>											
Death occurred at <u>1:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED			
<i>Eric F. Stephens M.D.</i>					<i>634 N Grand Ave</i>			<i>4/10/61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		(State)		
Removal		4-10-61		Mt. Olive Cemetery			Mt. Olive, Ill.				
24. FUNERAL DIRECTOR				ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
Albert H. Hoppe, Inc.				4700 Washington Blvd.			APR 10 1961		<i>Loard Smith. M.D.</i>		

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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.