SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-011264

D APR 7 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2929

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: Over 28 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis State
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5400 Arsenal St.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Minnie Middle: Last: Meyer
4. DATE OF DEATH: Month Day Year: March 28, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/22/87
9. AGE (last birthday): 73 years
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): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Meyer
13b. MOTHER'S MAIDEN NAME: Henrietta Burkamp
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: NoNe
17. INFORMANT: Louise Meyer
Address: 3528 Ind, Ave

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): Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4-201
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Paranoid schizophrenic action
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 Jan. 18, 1932 to Ma rch 28, 1961 and last saw her/him alive on March 28, 1961
Death occurred at 8:45Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Thomas Thule MD
22b. ADDRESS: 5400 Arsenal St.
22c. DATE SIGNED: 3/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MARCH 30 1960
23c. NAME OF CEMETERY OR CREMATORY: CONCORDIA CEMETERY
23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI
24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H.INC,.
ADDRESS: 1936 ST.LOUIS AVE
25. DATE RECD. BY LOCAL REG.: MAR 28 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 Thomas H. Fritz

Licensed Embalmer No. 3882

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.