

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047305

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3743 STATE FILE NUMBER

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Gardenville</u>		Length of stay in lb <u>YRS.</u>		c. CITY OR TOWN <u>Gardenville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4664 Oldenberg</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>4664 Oldenberg</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>W</u> Last <u>MEIER</u>			4. DATE OF DEATH Month <u>December</u> Day <u>28</u> Year <u>1961</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/31/1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and state or country) <u>New Orleans La.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William W. Meier Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Annette</u>		14. NAME OF HUSBAND OR WIFE <u>Annie</u>			
15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT Address <u>Thelma Patterson 4664 Oldenberg</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>		
DUE TO (b) <u>Viral Pneumonia</u>								
DUE TO (c) <u>Arteriosclerosis</u>								
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 <u> </u> a.m. <u> </u> 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>December 10, 1961</u> to <u>December 28, 1961</u> and last saw <u>him</u> alive on <u>December 25, 1961</u> Death occurred at <u>8 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Paul Rosenberg D.O.</u> (Degree or title)				22b. ADDRESS <u>9302 Gravois</u>		22c. DATE SIGNED <u>12/28/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/30/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u> (State)			
24. FUNERAL DIRECTOR <u>John. L. Zeigenhein & Sons 7027 Gravois</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-29-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Benj

Licensed Embalmer No. 4963

P. O. Address St Louis 9

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.