

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009312

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 335

FILED FEB 29 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS MISSOURI</b>		Length of stay in 1b <b>104 DAYS</b>	c. CITY OR TOWN <b>LEMAY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1099 CLIFF CAVE ROAD</b>
3. NAME OF DECEASED (Type or print) First <b>LOUIS</b> Middle <b>P.</b> Last <b>MEYER</b>		4. DATE OF DEATH Month <b>JANUARY</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-21-91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOILER MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>
13a. FATHER'S NAME <b>PETER MEYER</b>		13b. MOTHER'S MAIDEN NAME <b>JOHANNA JACOBS</b>	14. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		17. INFORMANT <b>LAURENCE J. SCHOTT 2639 CHIPPEWA ST. LOUIS 18, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS, GENERALIZED</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>LAENNEC'S CIRRHOSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b> <b>UNDET.</b>
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 <b>10-13-61</b> to <b>1-25-62</b> her death occurred at <b>6:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George B. Neukom</i> <b>GEORGE B. NEUKOM</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, 25, MO.</b>	
22c. DATE SIGNED <b>1-25-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 29, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetary</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Mo.</b>	
24. FUNERAL DIRECTOR <b>Witt Mortuary 6409 Gravois Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>1-26-62</b>	
		26. REGISTRAR'S SIGNATURE <i>John B. Murphy 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 Harry E. Mourse

Licensed Embalmer No. 4495

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.