

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017072

318

1003

4218

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4218

**FILED MAY 1 1962**

1. PLACE OF DEATH  
 a. COUNTY Missouri  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b St. Louis  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 6941 Alabama Avenue Reside on Farm Yes  No

3. NAME OF DECEASED First Frank Middle Meyer Last Sr. 4. DATE OF DEATH Month April Day 22 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/9/1887 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months 74 Days 74 IF UNDER 24 HR Hours 74 Min. 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yeast maker 10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Meyer 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mary Busch Address 6322 Virginia St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac Decompensation 12 hrs  
 DUE TO (b) Hypertensive Cardiovascular  
 DUE TO (c) Renal disease 5 yrs  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x  
 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 5:00 a.m. p.m. Month, Day, Year Jan 1962

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.) 515 South 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Mo.

21. I attended the deceased from Jan 1962 to death and last saw her/him alive on 7/22/62. Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John G. Keellett M.D. 22b. ADDRESS 2623 Telegraph 22c. DATE SIGNED 4/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Apr. 25, 1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 23d. LOCATION (City, town, or county) (State) Lemay, Missouri

24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries ADDRESS 7011 So. Broadway St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. APR 24 1962 26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
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**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 Lima C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.