

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017559

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1307

FILED MAY 9 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SAINTE GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 3 DAYS	c. CITY OR TOWN SAINTE GENEVIEVE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle A. Last MEYER			4. DATE OF DEATH Month 4 Day 26 Year 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-92	9. AGE (last birthday) 69 YRS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) SAINTE GENEVIEVE, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY MEYER		13b. MOTHER'S MAIDEN NAME JULIENNE BOSLER		14. NAME OF HUSBAND OR WIFE ANNA MEYER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I			16. SOCIAL SECURITY NO.	17. INFORMANT Address HENRY A MEYER RFD #2, STE. GENEVIEVE, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
IMMEDIATE CAUSE (a) HEMOPERICARDIUM (CARDIAC TAMPONADE)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RUPTURE OF ACUTELY INFARCTED MYOCARDIUM DUE TO (c) ACUTE (R) CORONARY THROMBOSIS		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour 11:59 a.m. p.m.	Month, Day, Year 4-23-62 to 4-26-62	20f. CITY, TOWN, OR LOCATION VA HOSP. JEFF. BRKS., MO.		COUNTY	STATE
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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 VA HOSP. JEFF. BRKS., MO.			
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21. I attended the deceased from **4-23-62** to **4-26-62** and last saw him alive on **4-26-62**
Death occurred at **11:59 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul G. Stromsdorfer M.D.</i>	22b. ADDRESS VA HOSP. JEFF. BRKS., MO.	22c. DATE SIGNED 4-27-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-28-62	23c. NAME OF CEMETERY OR CREMATORY Ste. Genevieve, Mo.	23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.
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24. FUNERAL DIRECTOR Basler Funeral Home, Ste. Genevieve, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-27-62	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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USE BLACK INK OR TYPEWRITER RIBBON

MAY 9 1962

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address J. Haines M

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.