

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11105-62-044626  
STATE FILE NUMBER

318 1003  
Registration District No. Primary Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

Registrar's No.

VS 300 Rev. 4/59	DATE AMENDED
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53	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF
	ITEM NO.
	SHOULD READ
	TYPEWRITER RIBBON
	OR
	USE BLACK INK

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>9853 Green Valley Dr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM LEO MEYER SR.</b>		4. DATE OF DEATH Month Day Year <b>Nov. 18, 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>6-2-1893</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hooper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie Strahl</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Meyer (Dec'd.)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Margaret Zeiss</b>		Address <b>12348 Santa Maria</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b> Pyloric obstruction DUE TO (b) <b>Bronchopneumonia with infection</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>duodenal ulcer</b> DUE TO (c) <b>on Rt side</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe gingivitis with abscess 6yr</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> <b>24 hrs</b> <b>15 yrs</b>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <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.) <b>5410</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>10-26-62</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>10-26-62</b> to <b>11-18-62</b> and last saw him alive on <b>11-18-62</b> Death occurred at <b>11:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Domina Verdery, M.D.</b>		22b. ADDRESS <b>4500 Olive St</b>	
22c. DATE SIGNED <b>11-19-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/21/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (Street) <b>St. Louis, Missouri.</b>
24. FUNERAL DIRECTOR <b>JOHN STYGAR &amp; SON</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 19 1962</b>	
ADDRESS <b>5541 Riverview Bldg</b>		26. REGISTRAR'S SIGNATURE <b>Boyd Smith, M.D.</b>	

**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 JM Ruster

Licensed Embalmer No. 3980

P. O. Address St Louis MO

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.