MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048580

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12164

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: D O A
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 903 Dammert ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Julius — Middle Phillip — Last Meppiel
4. DATE OF DEATH: Month December — Day 17, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-4-1914
9. AGE (last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Housing Project
11. BIRTHPLACE (City and state or country): St. Louis Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Adoplh Meppiel
13b. MOTHER'S MAIDEN NAME: Cecelia Becker
14. NAME OF HUSBAND OR WIFE: Lorraine
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.
17. INFORMANT: Mrs. Lorraine Meppiel — Address: 903 Dammert ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 416X
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. ☐ 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 a.m. p.m. — Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 11-61, to 12-62 and last saw ~~her~~ him alive on 12-4-62
Death occurred at 4 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo Murillo MD
22b. ADDRESS: 1900 Telegraph rd St. Louis
22c. DATE SIGNED: 12-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-20, 1962
23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State): 2000 Lemay Ferry Rd. Lemay, Mo.
24. FUNERAL DIRECTOR — ADDRESS: C. Hoffmeister Mortuaries 7814 S. Broadway
25. DATE RECD. BY LOCAL REG.: DEC 18 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

Dr. Trunko 1900 Telegraph Rd TW 2-623
1-6 8.m.

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 S Dennehy

Licensed Embalmer No. 4194

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.