No. 300
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FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14395

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO 6076 Registrar's No. 686

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2410 Oakland Ave. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: St. Louis 16
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 13
d. STREET ADDRESS (If rural, give location): 2410 Oakland Ave. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Hans b. (Middle): c. (Last): Meyer

4. DATE OF DEATH (Month) (Day) (Year): Mar. 20 1949

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 11
8. DATE OF BIRTH: Dec. 5 1883
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): De Soto Mo. 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Herman Meyer
13b. MOTHER'S MAIDEN NAME: Hermaine Goldert
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Walter W. Meyer 2410 Oakland Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 10 Mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ulceration & Spastic Bowel — months
DUE TO (c): Mode of Living — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
asthenia 1 [illegible] 753X — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no operation 46
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓ ✓

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 6-21, 1948, *to* 3-20, 1949, *that I last saw the deceased alive on* 3-19, 1949, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Jr. Ruddell M.D.
23b. ADDRESS: 1269 N. King Shighway
23c. DATE SIGNED: 3-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-22-49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 3-22-49
REGISTRAR'S SIGNATURE: Thurid L. Lemuga MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Drehmann-Harral 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed Albert R. Thompson Jr

Licensed Embalmer No. 4257

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 this body is not embalmed, fact should be so stated above.