

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14463

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>607E</u>		Registrar's No. <u>662</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Saint Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (In this place) <u>50 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1005 Scheel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>C.</u> c. (Last) <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 9, 1895</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Core maker</u>		11. BIRTHPLACE (State or foreign country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Meyer</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Lademann</u>			14. NAME OF HUSBAND OR WIFE <u>Alma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World-I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene F. Nolan, Registrar</u> <u>Vet. Adm. Hosp. Jefferson Barracks, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. MILITARY TUBERCULOSIS OF LUNG</u> <u>2. TUBERCULOUS PERICARDITIS</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>002K 21b</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from <u>Feb. 14, 1949</u> , to <u>April 5, 1949</u> , that I last saw the deceased alive on <u>April 5, 1949</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E.C. O'Brien, M.D.</u>				23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>			
23c. DATE SIGNED <u>4/6/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4/6/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>		24e. DATE <u>4/9/1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garvner Funeral Home, Belleville, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>4-6-49</u>		REGISTRAR'S SIGNATURE <u>Shirley L. Gardner</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 18 1921
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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.

Body not embalmed.

Student
Student Embalmer

Signed

P. J. Gardner

Licensed Embalmer No.

P. O. Address

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.