

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25473

BIRTH NO.		REG. DIST. NO. 1517		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1812	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Geyer Rd. &amp; 66</b>		c. LENGTH OF STAY (in this place) <b>(1)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Hgts.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Cv. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1348 Hawthorn Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) <b>FRANCIS</b>			c. (Last) <b>MEINERS</b>	
4. DATE OF DEATH <b>July 15 1949</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Nov. 17 1930</b>		9. AGE (In years last birthday) <b>18</b>		IF UNDER 1 YEAR <b>7</b> Months <b>28</b> Days		IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Repairs</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Meiners</b>			13b. MOTHER'S MAIDEN NAME <b>Angelia Etnig</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-26-4168</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene B. Meiners</b> ADDRESS <b>1346 Hawthorn</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>compound comminuted fractures of skull - operating automobile which crashed into rear of loaded cattle truck on Highway 66, near Geyer Road, St. Louis County, Mo.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>skull - operating automobile which crashed into rear of loaded cattle truck on Highway 66, near Geyer Road, St. Louis County, Mo.</b> DUE TO (c) <b>skull - operating automobile which crashed into rear of loaded cattle truck on Highway 66, near Geyer Road, St. Louis County, Mo.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Road</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. 3063</b>		21d. TIME OF INJURY <b>7 16 49 A.M.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>See above</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>7/19/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 19 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watson Booklage</b> ADDRESS <b>6536 Clayton Rd</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1949

**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 G Hoppe  
Licensed Embalmer No. 2971

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.