

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32018**
7865

FILED SEP 20 1949

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 7865
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 508 High Street.		
3. NAME OF DECEASED (Type or Print) a. (First) Curtis		b. (Middle) S.		c. (Last) Meyers
4. DATE OF DEATH (Month) (Day) (Year) Sept 9, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan 27, 1904	9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crystal City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Meyers		13b. MOTHER'S MAIDEN NAME Sarah Williamson		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 497-07-8922		17. INFORMANT'S SIGNATURE OR NAME Sarah Meyers - Crystal City, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Glomerular Nephritis ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) Crystal City, Jefferson, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 590 X
22. I hereby certify that I attended the deceased from Sept. 2, 1949 to Sept. 9, 1949 , that I last saw the deceased alive on Sept. 9, 1949 , and that death occurred at 5:40 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Raymond E. Hlyale, M.D.		23b. ADDRESS 3102 S. Grand Blvd.		23c. DATE SIGNED Sept 10, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/49		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
24d. LOCATION (City, town, or county) (State) Crystal City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd		

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

DEC 3 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

J. W. M. Dinkley

Licensed Embalmer No.

3653

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