

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39064

State File No. 9802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) One Hr.		d. STREET ADDRESS (If rural, give location) 706 No. Kingshighway Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Roland	b. (Middle) Louis	c. (Last) Meyer, Sr.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 6, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY.
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13a. FATHER'S NAME Henry F. Meyer.	13b. MOTHER'S MAIDEN NAME Ida Beinert.	14. NAME OF HUSBAND OR WIFE Virginia M. Meyer.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 498-05-4521	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roland L. Meyer, Jr., 5235 Miami Ave,
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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		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) sub arachnoid hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 102
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HHHX
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22. I hereby certify that I attended the deceased from Nov. 11, 19 49, to Nov. 11, 19 49, that I last saw the deceased alive on Nov. 11, 19 49, and that death occurred at 4:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Bradley MD	23b. ADDRESS Barnes Hospital,	23c. DATE SIGNED 11/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/14/1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery; St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. NOV 14 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9802

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.