

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18447  
Registrar's No. 4497

#59039 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 20100	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 5605 Labadie Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) c. (Last) Meixner		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 10 1891
9. AGE (In years last birthday) 58		# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ernest Meixner	
13b. MOTHER'S MAIDEN NAME Minnie Lindhorst		14. NAME OF HUSBAND OR WIFE Helen Meixner	
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. 492-05-5296	
17. INFORMANT'S SIGNATURE OR NAME Ernest Meixner		ADDRESS 5605 Labadie	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of esophagus</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic pericarditis</i>	
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)	
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? <i>150X</i>			
22. I hereby certify that I attended the deceased from <u>4/13/50</u> , 19 <u>50</u> , to <u>5/18/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/18/50</u> , 19 <u>50</u> , and that death occurred at <u>4:45am</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. C. Remington M.D.</i>		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 5/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20/50	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 20 1950		REGISTRAR'S SIGNATURE <i>J. B. Lazarus</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan Funeral Dir.</i>		ADDRESS 2849 N. Euclid	

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Robert L. Pinkman*  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. *3553*

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.