V.S. No. 300
Rev. 10.48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28465

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6614

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

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinecrest Nursing Home
d. STREET ADDRESS (If rural, give location) 4000

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) [illegible]
c. (Last) MEYER

4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 50

5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN
8. DATE OF BIRTH UNKNOWN — abt. 68
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (State or foreign country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Diedrich Meyer
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE UNKNOWN

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. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME M. Renard — 1515 Lafayette ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr right hip; Chronic hypertrophic myocarditis; Chronic interstitial arteritis; when he fell to the floor at Pine Crest Nursing Home Ballwin, Mo on June 1st 1950 exact time unknown

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.

INTERVAL BETWEEN ONSET AND DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Accident 400
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) Ballwin (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) June (Day) 1 (Year) 50 (Hour) ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E903.0

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 1145 P m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 7.27.50

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE AUG 3 1950
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. AUG 3
REGISTRAR'S SIGNATURE J. B. Sosater
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary ADDRESS 4104 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F Rowland

Licensed Embalmer No. 3114

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.