

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18378**  
**4246**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1007</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (ward deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2854 Missouri Av</b>				STREET ADDRESS (If rural, give location) <b>2854 Missouri Av.</b>			
3. NAME OF DECEASED (Type or Print) <b>Fred William Meyer</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 4 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>Dec 15 1872</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>William Meyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Meyer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>no.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Frank E. Meyer</b>		ADDRESS <b>2854 Mo. Av.</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular Disease with</b>				2. _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen'l Arterio Sclerosis</b>				3. _____			
DUE TO (c) <b>Carcinoma of Liver</b>				4. _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5. _____			
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) _____		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? <b>156A</b>		22. I hereby certify that I attended the deceased from <b>April 29</b> , 19 <b>51</b> , to <b>May 4</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 4</b> , 19 <b>51</b> , and that death occurred at <b>10:20</b> a.m., from the causes and on the date stated above.				23a. SIGNATURE <b>Wm. F. Lissner, M.D.</b> (Degree or title) _____	
23b. ADDRESS <b>115 Victor St. Tel. Gr. 0078</b>		23c. DATE SIGNED <b>May 4 '51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-7-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Bur. Pk.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Loran</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>With Bro. L. H. 2929 S. Jefferson</b>	

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

*Shelf*

**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.

Student Embalmer No.....

Signed.....

*D. M. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *374*

P. O. Address *2929 Jefferson*

**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.