

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26118  
6664

FILED JUL 22 1952

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>			2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3438 RUSSELL BLVD</b>				d. STREET ADDRESS (If rural, give location) <b>17 3438 RUSSELL BLVD</b>						
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ELLA</b>		b. (Middle) _____		c. (Last) <b>MEURER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 8 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>		8. DATE OF BIRTH <b>SEPT 14-1867</b>		9. AGE (In years last birthday) <b>84</b>	10. UNDER 1 YEAR Days <b>9</b>	11. UNDER 1 YEAR Hours <b>24</b>	12. UNDER 1 MIN. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MO 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FERDINAND HEROLD</b>			13b. MOTHER'S MAIDEN NAME <b>SOPHIA SEYBOLD</b>			14. NAME OF HUSBAND OR WIFE <b>CARL A MEURER (DECEASED)</b>				
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HAROLD MEURER RT 2 Creve Coeur, MO</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.										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Senility</b>								6 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>								?		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <b>334X</b>					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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>11/2</b>					
22. I hereby certify that I attended the deceased from <b>Jan 1946</b> , to <b>July 8<sup>th</sup> 1952</b> , that I last saw the deceased alive on <b>July 8<sup>th</sup> 1952</b> , and that death occurred at <b>9:45 A.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Must. J. Nicholas M.D.</b>					23b. ADDRESS <b>4660 Maryland Ave</b>			23c. DATE SIGNED <b>7/9/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL U</b>		24b. DATE <b>JULY 10-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>				
DATE REC'D BY LOCAL REG. <b>JUL 9 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. J. Robert 219. Co 1905 S. GRAND</b>					

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

**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 M. W. Rueter

Licensed Embalmer No. 4865

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.