

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7405

LEL AUG 23 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY 2279			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				d. STREET ADDRESS (If rural, give location) 23 1016 Allen avenue			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) H.		c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) 7-30-52	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-23-1879	
9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miller		10b. KIND OF BUSINESS OR INDUSTRY Milling Co.		11. BIRTHPLACE (City and State or Foreign Country) Bittmer, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman Meyer		13b. MOTHER'S MAIDEN NAME Anna Cordes		14. NAME OF HUSBAND OR WIFE Anna Mary Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Meyer, 1016 Allen avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ordinary Tuberculosis							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
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 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? 002X			
22. I hereby certify that I attended the deceased from 3 , 19 52 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:09 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrol Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 7-31-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Imperial, Mo.	
DATE REC'D BY LOCAL REG. AUG 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 Heiligtag, Imperial, Mo.			

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

Bent Hoffman

Licensed Embalmer No. 4366

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.