

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30144

FILED SEP 5 - 1952

State File No. _____
Registrar's No. 7741

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>7741</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis/060</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>				d. STREET ADDRESS (If rural, give location) <u>2736 Telegraph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital D.O.A.</u>				3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>VAN METER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 5, 1916</u>		9. AGE (In years last birthday) <u>35</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Armored Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Guaranteed Service</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>1</u>				
13a. FATHER'S NAME <u>Henry Van Meter</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Meiscluer</u>			14. NAME OF HUSBAND OR WIFE <u>Julia</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 2</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Van Meter 2736 Telegraph, Lemay 23, Mo.</u>							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carson Monoxide Poisoning</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>when deceased was found lying on the front seat of his car with a pipe attached from the exhaust pipe and leading into the right front window of car</u> II. OTHER SIGNIFICANT CONDITIONS <u>at one 1st St. just east of Alabama Ave on Aug 13, 1952</u> Conditions contributing to the death but not related to the disease or condition causing death _____				19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>at about 6:31 am Suicide</u>	
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 13 5:26 AM</u>					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9731</u>									
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 <u>6:31 AM</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Patrick E Taylor, Coroner</u>				23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>8.14.52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Road</u>					
DATE REC'D BY LOCAL REG. <u>AUG 14 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 So. Broadway, St. Louis 11 Mo.</u>						

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis C. Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.