

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45445

FILED JAN 19 1954

State File No. _____

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 12135

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 12135 | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY 0 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. LENGTH OF STAY (in this place) 2 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | 2169 | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hospt. | | | | d. STREET ADDRESS (If rural, give location) 2902 Michigan Avenue 0 | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) Adolph F. Meyer | | | a. (First) | | | b. (Middle) F. | | | c. (Last) Meyer | | | | | | |
| 4. DATE OF DEATH Dec. 22, 1953 | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | Dec. 22, 1953 | | | | | | | | | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH March 30, 1881 | | 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months 8 | | IF UNDER 2 HRS. Day 22 | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Boy | | | | 10b. KIND OF BUSINESS OR INDUSTRY cafeteria | | | | 11. BIRTHPLACE (State or foreign country) Missouri 0 | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Anthony Meyer | | | | 13b. MOTHER'S MAIDEN NAME Mary Kettlehake | | | | 14. NAME OF HUSBAND OR WIFE None | | | | | | | |
| 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. | | | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Gierse, St. Louis, Mo. | | | | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal aneurysm 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 10 yrs. | | | |
| 19a. DATE OF OPERATION 12/22/53 | | | | 19b. MAJOR FINDINGS OF OPERATION P.O. Adhesions. | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 21f. HOW DID INJURY OCCUR? 4.52X | | | | | | | |
| 22. I hereby certify that I attended the deceased from Dec. 19, 1953, to Dec. 22, 1953, that I last saw the deceased alive on Dec. 22, 1953, and that death occurred at 2:25 pm., from the causes and on the date stated above. | | | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | | | 23b. ADDRESS 4930 Lindell Blvd. | | | | 23c. DATE SIGNED 12/24/53 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | | 24b. DATE Dec. 26, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cmty. | | | | 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo. | | | | | |
| DATE REC'D BY LOCAL REG. DEC 24 1953 | | | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. N.C. Hallmeyer Sen, St. Char, Mo | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | | | | | |

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

Frank R. Amalson

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

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.