

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3081**
Registrar's No. **0098**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3081		Registrar's No. 0098		
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis, Missouri			c. LENGTH OF STAY (In this place) _____			c. CITY OR TOWN St. Louis.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital # 1				e. STREET ADDRESS (If rural, give location) 23 1713 Carroll		223%				
3. NAME OF DECEASED (Type or Print) FRED HERMAN MEYER			a. (First) FRED b. (Middle) HERMAN c. (Last) MEYER			4. DATE OF DEATH (Month) (Day) (Year) January 4, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 9 1864		9. AGE (In years last birthday) 89		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Steel Worker		11. BIRTHPLACE (City and State or Foreign Country) Penna.			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Dent Know			13b. MOTHER'S MAIDEN NAME Dent Know			14. NAME OF HUSBAND OR WIFE Ida. Hicknan, 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. 491-16-4412		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida. Meyer 1713 Carroll St						
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach c metastases INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X						
22. I hereby certify that I attended the deceased from 12-26- 19 53 , to 1-4- 19 54 , that I last saw the deceased alive on 1-4-54 , 19____, and that death occurred at 1:30 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) John J. Leahy M.D.				23b. ADDRESS 1515 Lafayette			23c. DATE SIGNED 1-5-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Jan 7 1954		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL REG. JAN 6 1954		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros Undertaking Co			ADDRESS 2201 S. Grand Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Ronald O. York*.....

Licensed Embalmer No. 39

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.