

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6555**
Registrar's No. **2131**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 2 Mo.	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 HOSPITAL OR INSTITUTION: St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 17 2617a So. Compton Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Adolf b. (Middle) Henry c. (Last) Meili	4. DATE OF DEATH March 6, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 17	IF UNDER 24 HRS. Hour 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving clerk	10b. KIND OF BUSINESS OR INDUSTRY Medart Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) Switzerland 5	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Emil Meili	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margaret Groetsch Meili
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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. 492-05-8146	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Meili	ADDRESS 2617a S. Compton
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 3 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 203X
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22. I hereby certify that I attended the deceased from **Dec. 31, 1953**, to **Mar. 6, 1954**, that I last saw the deceased alive on **Mar. 6, 1954**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold L. Luzzett M.D.	(Degree or title)	23b. ADDRESS 3720 Maple Blvd	23c. DATE SIGNED Mar. 8, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. MAR 8 1954	REGISTRAR'S SIGNATURE J. Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home, Inc.	ADDRESS
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MBB (Licensed Embalmer's Statement on Reverse Side)

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

¹ 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..... *Fred J. Farmer*

Licensed Embalmer No. *111*

P. O. Address..... *W. L. ...*

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.