

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7357

State File No. _____

No. 300
10. 48

FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 198

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Greendale)		c. LENGTH OF STAY (in this place) 4 Years	
c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) 2225 Colfax Drive,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2225 Colfax Drive			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) G.	
c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21st, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28th, 1874
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Classified Salesman	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Post Disp.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Meyer		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ida G. Meyer nee Turner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ida G. Meyer, 2225 Colfax Drive, 2D,	
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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES		DUE TO (b) arteriosclerosis	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Senile changes	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) Previous cerebral bleed	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None made	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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?	
22. I hereby certify that I attended the deceased from Jan 17, 1954 to Jan 21, 1954 that I last saw the deceased alive on Jan 21, 1954 and that death occurred at 10:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph David M.D.		23b. ADDRESS 406 Frisco Bldg	
23c. DATE SIGNED 1/21/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 1/25/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. 1/22/54	REGISTRAR'S SIGNATURE Herbert B. Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd. FURNERAL HOME, INC., St. Louis, 15, Mo.	

3:00 PM to 5:00 PM

FILE IN ST. LOUIS COUNTY.

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 Ralph E. Zindler

Licensed Embalmer No. 4275

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.