

XC # 209 74 01

REG # 4386

SL # 2681 FILED FEB 7 - 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2855

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0567

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 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 84 DAYS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 5099 GERALDINE	
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) c. (Last) MEINERT		4. DATE OF DEATH (Month) (Day) (Year) 1-18-55	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-8-88
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAVE DIGGER	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAVE DIGGER		10b. KIND OF BUSINESS OR INDUSTRY CEMETERY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN MEINERT		13b. MOTHER'S MAIDEN NAME ANNA ESPHORST	14. NAME OF HUSBAND OR WIFE MARIE MEINERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUETIC HEART DISEASE 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 023X			
22. I hereby certify that I attended the deceased from 10-26-54, 19____, to 1-18-55, 19____, and that death occurred at 4:10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE John D. Lakes (Degree or title) JOHN D. LAKES		23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	
23c. DATE SIGNED 1-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 21, 1955	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 20 1955		FEDERAL DIRECTOR'S SIGNATURE ADDRESS 1389 UNION BLV'D.	

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

(Licensed Embalmer's Signature on Reverse Side)

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 *Bill C. Stinson*.....

Licensed Embalmer No. *476*

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.