

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6873

State File No.

No. 300
10-48

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 449

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>Rock Hill</u> <u>1601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1055 No. Rock Hill Rd.</u>	

3. NAME OF DECEASED (Type or Print) <u>GARMAN</u> <u>L.</u> <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>20</u> <u>1955</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1891</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard-Pinkerton Detective Agency</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Germanus Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Lammert</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Meyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>490-18-8540</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Meyer 1055 N. Rock Hill Rd.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Tuberculosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Emphyema</u>		

19a. DATE OF OPERATION <u>Sept. 51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right Pneumonectomy Carinoma of Rt. Lung</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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	

22. I hereby certify that I attended the deceased from 9 Nov. 53 to 20 Feb. 55, that I last saw the deceased alive on 19 Feb. 55, to 6:20 m., and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. McLean M.D.</u>		23b. ADDRESS <u>9161 S. Beardway</u>		23c. DATE SIGNED <u>21 Feb 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2/21/55</u>	REGISTRAR'S SIGNATURE <u>Harriet R. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>
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(Licensed Embalmer) 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.....
Edwin A. G. Permutt

Licensed Embalmer No. 3025

P. O. Address.....

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.