Health, & Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 2 - 1957

12006
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5036 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wilson Township — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD 1 Thompson, Mo. — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY City
c. CITY OR TOWN St. Louis 2000 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 9713 Duluth Dr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Bernard Middle Henry Last Meier Jr.

4. DATE OF DEATH: Month Apr. Day 27 Year 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 27, 1905
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bernard J. Meier Sr.
13b. MOTHER'S MAIDEN NAME: Mary Hercunoff
14. NAME OF HUSBAND OR WIFE: Helen Meier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 488-05-1180
17. INFORMANT: Mrs. Helen Meier Address: St. Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis — 5 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Never to ____ and last saw her/him alive on never
Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William S. Jay (Degree or title) M.D. 0
22b. ADDRESS 112 N. Clark Mexico Mo
22c. DATE SIGNED 4/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-2-1957
23c. NAME OF CEMETERY OR CREMATORY: Cavalry Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Arnold Funeral Home ADDRESS: Mexico, Mo.
25. DATE RECD. BY LOCAL REG.: April 29-1957
26. REGISTRAR'S SIGNATURE: Blanche Sleely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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MAY 2 1957

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 H. R. Wright

Licensed Embalmer No. 4655

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.