FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15767
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 772

Health, & Welfare Public Service

S. 300 1-56

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lemay Nursing Home — Length of stay in 1b 2½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No
d. STREET ADDRESS 4968 Tyrolean (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Pauline Middle Hannah Last Meyer
4. DATE OF DEATH Month Mar. Day 21, Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH Mar.12,1865
9. AGE (In years last birthday) 92 — 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) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Peter H. Meyer
14. MOTHER'S MAIDEN NAME Hannah Bishoff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT Helmuth Friz - Address 6210 S. Kingshighway

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 4 yrs.
DUE TO (c) Arteriosclerosis Generalized — 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
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 6/6/56, to 3/21/57 and last saw her/him alive on 3/21/57
Death occurred at 5:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mitchel L. Bartnick M.D.
22b. ADDRESS 7615 So Broadway
22c. DATE SIGNED 3/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Mar.23,1957
23c. NAME OF CEMETERY OR CREMATORY St.Peter's Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE - 3634 Gravois
25. DATE RECD. BY LOCAL REG. 3/22/57
26. REGISTRAR'S SIGNATURE Herbert R. Dornheim

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert C. Wheeler

Licensed Embalmer No. 2/2

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.