

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3100** STATE FILE NUMBER

FILED APR 14 1961

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, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b LIFE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH - HOSPITAL		d. STREET ADDRESS (If outside, give location) 4937 - ASHBY - AV.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES - A. - MEYERS			4. DATE OF DEATH Month Day Year APRIL - 1 - 1961				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-1892	9. AGE (last birthday) 69 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY BROWN-SHOE CO		11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME CHARLES - MEYERS		13b. MOTHER'S MAIDEN NAME ANN - POWERS		14. NAME OF HUSBAND OR WIFE CARRIE - MEYERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			17. INFORMANT Address CARRIE MEYERS - 4937 - ASHBY - AV.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH ?
IMMEDIATE CAUSE (a) METASTATIC CARCINOMA LIVER		
DUE TO (b) CARCINOMA URINARY BLADDER		
DUE TO (c) 181.0		6 mo +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Sept 24, 1949 to APR 1, 1961 and last saw him alive on March 31/61 Death occurred at 12:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Frank Cohen MD	(Degree or title)	22b. ADDRESS 1641 S. Kingshighway St. Louis 112	22c. DATE SIGNED 4/3/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 4 - 1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS	(State) MO.
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24. FUNERAL DIRECTOR Brockland Wood Co. 1827-HOGAN-ST.	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 3 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DATE AMENDED

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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Harry E. Monroe

Licensed Embalmer No. 4495

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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