

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017952

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4248**

STATE FILE NUMBER

FILED APR 23 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

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1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 4 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Missouri		Franklin		Leslie			
3. NAME OF DECEASED (Type or print)		First		Middle		Last		4. DATE OF DEATH		Month		Day			
FLORENCE		F.		MEINZ				April 14, 1963							
5. SEX female		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 7/18/1895		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Bakersfield, Calif		12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME unk. Shadrick				13b. MOTHER'S MAIDEN NAME unk				14. NAME OF HUSBAND OR WIFE Edward W. Meinz							
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no				17. INFORMANT Edward W. Meinz, Leslie, Missouri											
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) <i>Pulmonary embolism</i>												15 months			
DUE TO (b) <i>Thrombophlebitis of left leg and arteriosclerosis of left leg</i>												3 months			
DUE TO (c) <i>left leg</i>															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <i>2 day post operative from amputation of leg</i>												PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" 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.) 4500											
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 <i>April 9, 1963</i> to <i>April 14, 1963</i> and last saw her <i>alive on April 14, 1963</i> Death occurred at <i>3:55 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Robert Thomasson M.D.</i>						22b. ADDRESS <i>100 N Euclid</i>		22c. DATE SIGNED <i>4-15-63</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE <i>4/17/63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>									
24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</i>				25. DATE RECD. BY LOCAL REG. <i>APR 17 1963</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>									

Dr. Robert Thomasson

100 No. Euclid Ave.

4-5 pm FO 7 -4657

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.