

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-049752
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **13106**

FILED JAN 9 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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2 **20**
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4 **1**
5 **1**
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7 **0**
8 **2**
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12 **90-0**
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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 5217 Finkman				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 5217 Finkman				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Estelle Middle O. Last Meinhardt						4. DATE OF DEATH Month 12 Day 30 Year 63					
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 3-7-95		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 9 Days 23 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) St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Wm. Tetter				13b. MOTHER'S MAIDEN NAME Catherine Lunders				14. NAME OF HUSBAND OR WIFE Edgar F. Meinhardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. None		17. INFORMANT Edgar F. Meinhardt 5217 Finkman Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia DUE TO (b) Carcinoma of Bladder DUE TO (c) metastasis 181-0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH	
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 63 to Dec 30 and last saw her/him alive on Dec 30 63 Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Stephen M. Trapper M.D.						22b. ADDRESS 3654 S. Grand			22c. DATE SIGNED Jan 2-64		
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 1-3-64		23c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cem		23d. LOCATION (City, town, or county) (State) St. Louis					
24. FUNERAL DIRECTOR Thomas J. Finan 1519 S. Grand Blvd.				25. DATE RECD. BY LOCAL REG. JAN 2 1964		26. REGISTRAR'S SIGNATURE Head Smith, M.D.					

STATE OF MISSOURI

DEPARTMENT OF HEALTH

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FILED JAMES

12-20-08

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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 Harvey Kohle

Licensed Embalmer No. 4596

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.