

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39421

State File No.

FILED NOV 22 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2754

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DesPeres</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DesPeres</u>	
c. LENGTH OF STAY (If in this place) <u>24 years</u>		d. STREET ADDRESS (If rural, give location) <u>Kirkwood 22 1235 Meier Lane RR#13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1235 Meier Lane</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Jacob</u>	c. (Last) <u>Meier</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>William</u>	<u>Jacob</u>	<u>Meier</u>	<u>11-14-1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 25 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Floral</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Meier</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Rottenbach</u>	14. NAME OF husband or WIFE <u>Clara Meier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Meier</u>	ADDRESS <u>1235 Meier La DesPeres</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4501</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>		
	DUE TO (c) <u>Arterio Sclerosis (General)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 26, 1947, to Nov 14, 1950, that I last saw the deceased alive on Oct 14, 1950, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry F. Scott M.D.</u>	23b. ADDRESS <u>Ballwin Mo.</u>	23c. DATE SIGNED <u>Nov 16-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>DesPeres Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/16/50</u>	REGISTRAR'S SIGNATURE <u>Robert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Meyer-Pfitzinger</u>	ADDRESS <u>Kirkwood 22 Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Wm. H. Pfitzinger

Signed.....
Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 22, 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 this body is not embalmed, fact should be so stated above.