

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0051932

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 502

Registrar's No. 4739

FILED JAN 3 1967

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, give TOWNSHIP only) OR TOWN <u>Florissant</u>		c. CITY OR TOWN <u>Florissant</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12530 Old Halls Ferry</u>		d. STREET ADDRESS (If outside, give location) <u>12530 Old Halls Ferry</u>	

3. NAME OF DECEASED (Type or print) <u>WILLIAM DWIGHT MEYER</u>	4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1966</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-13-1899</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>67</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Writer (TECH)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Civil Ser.</u>	11. BIRTHPLACE (City and state or country) <u>Jamestown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur B. Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Meyer</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>Yes W.W. I</u>	16. SOCIAL SECURITY NO. <u>492-12-7576</u>	17. INFORMANT <u>Mildred Meyer Florissant, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 min. over 5 years</u>
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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
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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.)
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20c. TIME OF INJURY Hour <u>2:45</u> a.m. <u>0</u> p.m.	Month, Day, Year <u>Oct. 1965</u>
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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 <u>Florissant, Mo.</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>Oct. 1965</u> to <u>Dec. 21, 1966</u> and last saw him alive on <u>Dec. 17, 1966</u> Death occurred at <u>2:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>R. J. O'Connor</u> (Degree or title)	22b. ADDRESS <u>Florissant, Mo.</u>	22c. DATE SIGNED <u>12-21-66</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-23-1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>California, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Hutchens Mortuary Florissant, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-22-66</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

14013

24013

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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

*James A. McIntosh*

Licensed Embalmer No. 4966

P. O. Address THORSSANT, 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.