

FILED APR 23 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14582

State File No. _____

Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 267

1. PLACE OF DEATH:
 SAINT LOUIS:
 (a) County SAINT LOUIS:
 (b) City or town UNIVERSITY CITY:
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 324 MELVILLE AVE:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME VIRGINIA MOULTON MEYER
 3. (b) If veteran, name war NO.
 3. (c) Social Security No. NO.

4. Sex FEMALE / 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ROLAND L. MEYER
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Aug. 23rd 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	7	3	hr. min.

9. Birthplace Adraine, Missouri /
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Williston J. Moulton.

13. Birthplace Mobile Alabama /
 (City, town, or county) (State or foreign country)

14. Maiden name Ida B. Wood.

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant ROLAND L. MEYER

(b) Address R.F.D. #12, KIRKWOOD 22, MO.

17. (a) BURIAL (b) Date thereof 3/28/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) MAR 28 1945 (b) E. G. Moulton NO
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI: (b) County ST. LOUIS:
 (c) City or town KIRKWOOD 22, 76
 (If outside city or town limits, write "RURAL") 4
 (d) Street No. R.F.D. 12. 3
 (If rural, give location) 5
 (e) Citizen of foreign country? NO. 1 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
 year 1945 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 19
 1945 to March 25 1945;
 that I last saw her alive on Mar 25 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death sarcoma of gastric
 Duration Jan 19

Due to sarcomatous of abdominal
 sarcomatous of lungs

Due to _____
 Other conditions JSB
 (Include pregnancy within 3 months of death)

Major findings: Biopsy of gastric bone
 showed osteolytic sarcoma
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO (Specify type of place)
 (e) Means of injury NO

23. Signature Harry P. Rume (M. D. or other) MD

Address 508 E. Grand Date signed 3/26/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

DR. HENRY P. THYM
METROPOLITAN BLDG.
JE: 4141
hours 2 - 3 P. M.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.