

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3033
919

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>MO</u> b. COUNTY: <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location): <u>4543 ARLINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4543 ARLINGTON AVE</u>				d. STREET ADDRESS (If rural, give location): <u>4543 ARLINGTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>I</u> c. (Last) <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1949</u>				
5. SEX: <u>FEMALE</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>JUNE 17 1893</u>	
9. AGE (In years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country): <u>St. Louis - MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME: <u>JOHN TRACY</u>		13b. MOTHER'S MAIDEN NAME: <u>MARY LARNER</u>		14. NAME OF HUSBAND OR WIFE: <u>EMMETT MEYER</u>	
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 ADDRESS: <u>Emmett Meyer 4543 Arlington</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diaphragmatic hernia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION: <u>1-12-49</u>		19b. MAJOR FINDINGS OF OPERATION: <u>See 11.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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): <u>St. Louis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): <u>1-29-49 12:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2:30</u> , 19 <u>46</u> , to <u>1:29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>49</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title): <u>Chas Jost M.D.</u>				23b. ADDRESS: <u>3500 N. Grand</u>		23c. DATE SIGNED: <u>1-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>		24b. DATE: <u>FEB 3-49</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State): <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: <u>JAN 31 1949</u>		REGISTRAR'S SIGNATURE: <u>J. B. Darst</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Culler Koff 4386 Lindell</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....
Student Embalmer

Signed..... *James A. Lammers*

Licensed Embalmer No. *4142*

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 this body is not embalmed, fact should be so stated above.