

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32014**
Registrar's No. **8623**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8623	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET (If rural, give location) W.R. - 3705 Manola			
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) M.		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 17, 1884	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Beaufort, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Jacob Harold		13b. MOTHER'S MAIDEN NAME Sophia Temme		14. NAME OF HUSBAND OR WIFE Edward Meyer	
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'S SIGNATURE OR NAME Viola Taschner, 3705 Manola ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Chronic Myocarditis DUE TO (b) DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 93			
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 4222			
22. I hereby certify that I attended the deceased from Sept. 10, 1949 , to Oct 4, 1949 , that I last saw the deceased alive on Oct 4, 1949 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE A.A. Whelan M.D. (Degree or title)				23b. ADDRESS 4367 Warner St		23c. DATE SIGNED 10/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-5-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Beaufort, Mo.	
DATE REC'D BY LOCAL REG. OCT 6 1949		REGISTRAR'S SIGNATURE J.B. Sasala		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS			

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

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