

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10823

State File No. ....

2124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 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>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>		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>2329 Sullivan Avenue,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) _____ c. (Last) <u>Meyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 5 50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 24, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Lindhorst</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Meyer</u>	ADDRESS <u>2329 Sullivan Ave</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left neck of femur bone.</u>			<u>2 Wks.</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Due to fall in her home (Accidental)</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	<u>Concussion of skull, hypertension and Senility.</u>		
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at her home.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE). <u>St. Louis, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 19 1950 2:40</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in her home.</u>
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22. I hereby certify that I attended the deceased from Feb. 19, 1950, to Mar. 5, 1950, that I last saw the deceased alive on Mar. 5, 1950, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Rosenberg M.D.</u>	23b. ADDRESS <u>1467 N. Union Blvd.</u>	23c. DATE SIGNED <u>Mar. 6, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/8/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 6</u>	REGISTRAR'S SIGNATURE <u>J. B. Fessler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer Sons Inc</u>	ADDRESS <u>3934 N. 20th St.</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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Neville B. Twiliter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

**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.