

10.48

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32061

317

3066

Registrar's No. 2198

502  
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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.			
1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Saint Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>White Oaks Home</b>			d. STREET ADDRESS (If rural, give location) <b>5 5635 Clemens Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Meyer</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 16th, 1950.</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Oct. 13th, 1865</b>		9. AGE (In years last birthday) <b>84</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Ireland 4</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Michael Tracy</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Burke</b>			
14. NAME OF HUSBAND OR WIFE <b>Late William F. Meyer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Lindhorst,</b>		ADDRESS <b>5635 Clemens Avenue.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, general many yrs</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>  <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Sept 10, 1950, to Sept 16, 1950</b> , that I last saw the deceased alive on <b>Sept 15, 1950</b> and that death occurred at <b>6:00A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ed Jean M.D.</b>		(Degree or title)		23b. ADDRESS <b>7500 W. Pine St. Louis</b>			
23c. DATE SIGNED <b>9-16-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/18/50</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>9-18-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marvin F. Feutz,</b>			
ADDRESS <b>4828 Natural Bridge Blvd.</b>							

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

Dr. J. T. Jean  
4500 W. Pine St.

Ro. 1400

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ralph C. Linder

Licensed Embalmer No. 4275

P. O. Address 3th Linn, 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.