

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10429

State File No. 2028

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		State File No. 2028	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8547 Riverview Blvd.				d. STREET ADDRESS (If rural, give location) 8547 Riverview Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) May c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1951				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 26 1885		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. 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) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? D	
13a. FATHER'S NAME George Vasquez		13b. MOTHER'S MAIDEN NAME Mary Leonard		14. NAME OF HUSBAND OR WIFE Louis M. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Camille Thighe, 8547 Riverview Blvd			
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) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Nephritis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis, Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 4 days 7 years 10 years	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 593-X			
22. I hereby certify that I attended the deceased from Sept 1944, to Feb. 28, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 7:50 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. B. Hoemann V.D.O.			23b. ADDRESS 8931 Riverview			23c. DATE SIGNED 3/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/3/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. MAR 2 1951		REGISTRAR'S SIGNATURE J. B. Lucite		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—SEE INSTRUCTIONS ON REVERSE SIDE

Vertical text on the right edge, possibly a stamp or reference number.

Dr. H. G. Hoerman, D.O.  
8731 Alverton Blvd.

1951  
MAY 7

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

*Albert R. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4237

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.