

No. 500
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34736

State File No.

FILED NOV 9 1951

BIRTH NO. --- REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles 0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 799 No. Second St., 0	

3. NAME OF DECEASED (Type or Print) DOROTHY MAE MEYERS.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1951.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1928	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 5 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) St. Louis Co., Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Clarence C. Kamer	13b. MOTHER'S MAIDEN NAME Bernice Null	14. NAME OF HUSBAND OR WIFE Alphonse M. Meyers Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bernice Kamer, 8664 Geiger Dr

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries suffered in automobile accident		INTERVAL BETWEEN ONSET AND DEATH 6:30 PM 37
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 130	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) By Pass 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Charles St Charles Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 21 '51 7 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident lane 2nd own

22. I hereby certify that I attended the deceased from **10/26/51** to **10/26/51**, 19**51**, that I last saw the deceased alive on **10/26/51**, 19**51**, and that death occurred at **4:30 A.M.** from the causes and on the date stated above.

23. SIGNATURE Minie M. ... (Degree or title)	23b. ADDRESS Wentzville Mo	23c. DATE SIGNED 10-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.
24d. LOCATION (City, town, or county) (State) St. Charles, Mo.		

DATE REC'D BY LOCAL REG. 10-29-51	REGISTRAR'S SIGNATURE Frankie Hamilton 284	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

11230

File No. _____

DISTRICT HEALTH OFFICE No. 4

NOV 6 1951

RECEIVED

DEC 9 1951

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 Me

working under my personal supervision.

Student Embalmer No.

Signed J. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.