

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35402

State File No. ....

FILED NOV 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9485

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 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2159</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3629 MARCELINE TR.</u>		d. STREET ADDRESS (If rural, give location) <u>3629 MARCELINE TR.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ETHEL</u>	b. (Middle) <u>C.</u>	c. (Last) <u>MEYEROTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 25 1951</u>
-------------------------------------	-------------------------	-----------------------	---------------------------	---

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>JAN. 3 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES WOMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FAMOUS BARR</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>HERMAN SIMON</u>	13b. MOTHER'S MAIDEN NAME <u>MORRISSEY</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE MEYEROTT (DECEASED)</u>
--	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET LYNN</u>	ADDRESS <u>3629 MARCELINE TR.</u>
--	-------------------------	--	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bile Ducts</u>		
	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 <u>8-29-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma-Chronic Cholelithiasis</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>155X</u>

22. I hereby certify that I attended the deceased from 2-27 1950, to 10-18 1951, that I last saw the deceased alive on 10-18 1951, and that death occurred at 400A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>4500 Olive St. St. Louis</u>	23c. DATE SIGNED <u>10-26-51</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>OCT. 27 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
--	-------------------------------	--	---

DATE REC'D. BY LOCAL REG. <u>OCT 26 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Lutia</u>	ADDRESS <u>2906 Gravois</u>
--	--	--	-----------------------------

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

*Handwritten scribbles and marks in the top right corner.*

**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.....

*James C. Dill*

Signed.....  
Student Embalmer

Licensed Embalmer No. *434779*

P. O. Address *2906 Jarvis*

**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.