

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6627
State File No.
1511
Registrar's No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>St. Louis, Missouri</i>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>2089</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>		d. STREET ADDRESS (If rural, give location) <i>9145 FREDERICK STREET</i>	

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE	b. (Middle)	c. (Last) MEYERS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 16, 1952
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>December 7, 1887</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Michael CARLIN</i>	13b. MOTHER'S MAIDEN NAME <i>ELIZABETH FEER</i>	14. NAME OF HUSBAND OR WIFE <i>Edward Meyers, Deceased</i>
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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.	17. INFORMANT'S SIGNATURE OR NAME <i>John Casey</i> ADDRESS <i>9145 Frederick St.</i>
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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>40 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic heart disease</i>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>4/6X</i>
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22. I hereby certify that I attended the deceased from *1-28-52*, 19___, to *2-16-52*, 19___, that I last saw the deceased alive on *2-16-52*, 19___, and that death occurred at *10:55A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>John T. Lawton, M.D.</i> (Degree or title)	23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>2-18-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>February 19, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>FEB 18 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. A. Stock</i> ADDRESS <i>2117 E. Grand Bld.</i>
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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

Frank G. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E Grand

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.