

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11139**

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 70

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, County.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights.</u> | | c. LENGTH OF STAY (in this place) <u>1 Week</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u> | | | d. STREET ADDRESS (If rural, give location) <u>1237 Arch Terrace. 4495</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anne</u> b. (Middle) <u>Meara</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 29, 1876</u> | 9. AGE (in years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ |

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| 13a. FATHER'S NAME <u>James Egan.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Halpin.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank Meara</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Meara</u> | | ADDRESS <u>1237 Arch Terr</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia: Congestive Cardiac Failure</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Art. - sclerosis. Joyful 10 years</u> | | | |
| | DUE TO (c) _____ | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>2520</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____ | |

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Jan 8, 1952 that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

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|--|--------------------------------|---|---|
| 23a. SIGNATURE <u>W. C. Corvady M.D.</u> (Degree or title) | | 23b. ADDRESS <u>4952 Maryland</u> | 23c. DATE SIGNED <u>1-10-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | 24b. DATE <u>Jan. 11, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>1-10-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quinn</u> | ADDRESS <u>1389 Union Bl</u> |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John Ketter

Signed
Student Embalmer

Licensed Embalmer No. 3880

P. O. Address _____

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.