

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26651**

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1889	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 1608 BREDELL AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) JOSEPHINE		c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) JULY 11, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 22, 1887		9. AGE (in years last birthday) 65	If UNDER 1 YEAR Months 2 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) WESTPHALIA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH BUTHE			13b. MOTHER'S MAIDEN NAME MARY JOSEPHINE BUTHE		14. NAME OF HUSBAND OR WIFE FERDINAND MEYER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Keetting, Richmond Heights, Mo.			
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) Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 7/10/52
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat Prostration General Arterio-Sclerosis and Hypertension DUE TO (c) Hypertension					6/29/52
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestion of liver and spleen					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					
20. AUTOPSY? YES <input checked="" 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) (Min.)		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 6/29 , 19 52 , to 7/11 , 19 52 , that I last saw the deceased alive on 7/10 , 19 50 , and that death occurred at 3:00A m. , from the causes and on the date stated above.							
23a. SIGNATURE James P. Wade, M.D.				23b. ADDRESS 634 North Grand Ave. St. Louis 3, Mo.		23c. DATE SIGNED 7/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/12/1952		24c. NAME OF CEMETERY OR CREMATORY St. Louis Catholic		24d. LOCATION (City, town, or county) (State). Bonnets Mill, Missouri	
DATE REC'D BY LOCAL REG. 7-11-52		REGISTRAR'S SIGNATURE Herbert R. Donk, M.D. Clyde Morton Linn, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1957

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 Vernon M. Mooton

Licensed Embalmer No. 4125

P. O. Address Linn 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.