

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30294

State File No.

No. 300
10.48

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2227

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7311 Elm Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>7311 Elm Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LILLIE</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Meier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22nd 1952</u>
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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>June 18, 1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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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 <u>At. Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rock Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hans Larson</u>	13b. MOTHER'S MAIDEN NAME <u>Wm K Mohr</u>	14. NAME OF HUSBAND OR WIFE <u>Carl R. Meier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl R. Meier</u>	ADDRESS <u>7311 Elm, Maplewood, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the ovary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>175X</u>		
	DUE TO (c) <u>---</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

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) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from Jan 8, 1952, to August 22, 1952, that I last saw the deceased alive on Aug. 22, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter J. Townsend MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>3101^a Sutton Ave Maplewood, Mo</u>	23c. DATE SIGNED <u>8-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-25-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>	ADDRESS <u>Funeral Home 7156 Manchester, Maplewood, Mo.</u>
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524 (Licensed Embalmer's Statement on Reverse Side)

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

204
1

Meier

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 Anthony Bonni

Licensed Embalmer No. 4615

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.