

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37278**

FILED OCT. 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2615</u>		
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 _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Prospect Hill</u>		c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prospect Hill</u>		401g		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9533 West Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>9533 West Avenue,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) _____ c. (Last) <u>Meyerkord,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1952</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. 23, 1881</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry J. Kuehn</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Hellwig</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Grayce Meyerkord, 9533 West Avenue.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized metastasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION <u>March 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma Stomach</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) _____		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 <u>March, 1952</u> to <u>Oct 9, 1952</u> , that I last saw the deceased alive on <u>Oct 9, 1952</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>N. J. Houich, MD.</u> (Print or title)				23b. ADDRESS <u>8902 Riverview Blvd</u>		23c. DATE SIGNED <u>10-10-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u> ADDRESS _____				

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 *Clement McNeary*

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.