

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16003**
Registrar's No. **3547**

No. 300
10.48

FILED APR 18 1953

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

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis c. LENGTH OF STAY (In this place) 2 1/2 Weeks d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2129 d. STREET ADDRESS (If rural, give location) 4500 Washington Blvd., 8, 12	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) E. c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) April 5th, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 5th, 1875
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Defiance, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Darst	
13b. MOTHER'S MAIDEN NAME Sarah Catherine Keller		14. NAME OF HUSBAND OR WIFE Frank X. Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. L. F. Meyer, 5868 Wabash Avenue, 12			
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phlebotomous Inf. Venecava?			
19a. DATE OF OPERATION 3/27/53	19b. MAJOR FINDINGS OF OPERATION Large fixed Cancer of Left Colon		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X
22. I hereby certify that I attended the deceased from Mar 1, 1953 , to Apr 2, 1953 , that I last saw the deceased alive on Apr 2, 1953 and that death occurred at 9:37 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Carl Smith M.D.		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 4/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/6/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. APR 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.

Room 701, Je. 6111

Hours 1:00 PM to 4:30 PM Friday,
or 11:00 AM to 1:00 PM Saturday

FILE IN CITY.

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 Ralph C. Fincher

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.