

JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20240

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1501

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Home</u>		e. CITY OR TOWN <u>Webster Groves</u> d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
f. STREET ADDRESS (If rural, give location) <u>1001 E Big Bend</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Selma</u> b. (Middle) _____ c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Nov 17, 1866</u>
9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____			
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>Berlin, Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick Wittig</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>Gottfried Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hulda Lind</u>		ADDRESS <u>3859a Wyoming</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (left)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Vascular Disease</u> DUE TO (c) <u>diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>331X</u>			
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 <u>Mar. 15, 1953</u> , to <u>May 28, 1953</u> , that I last saw the deceased alive on <u>May 28, 1953</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Baughman M.D.</u>		23b. ADDRESS <u>Webster Groves Mo</u>	
23c. DATE SIGNED <u>May 29 '53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/1/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-29-53</u>		REGISTRAR'S SIGNATURE <u>Hulda Lind</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons</u>		ADDRESS <u>7027 Gravoie</u>	

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4

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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Ave*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.