

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23036

State File No. 5441

39469
FILED JUN 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

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|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 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) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy 4181 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | d. STREET ADDRESS (If rural, give location) 8114 Bellerive | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Ann c. (Last) Meyer | | | 4. DATE OF DEATH (Month) (Day) (Year) May 30, 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH May 22, 1953 |
| 9. AGE (In years last birthday) | | 10. MONTHS | 11. DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME Herbert C. Meyer | 13b. MOTHER'S MAIDEN NAME Gertrude Hebert | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME H. C. Meyer | ADDRESS 8114 Bellerive |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 8 Days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? 7544 |
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22. I hereby certify that I attended the deceased from May 23, 1953 to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

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|---|-------------------|---|----------------------------|
| 23a. SIGNATURE Dorothy G. Merritt M.D. | (Degree or title) | 23b. ADDRESS 7309 Natural Bridge Rd. | 23c. DATE SIGNED 6/2/53 |
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|---|---------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/1/53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| DATE REC'D BY LOCAL JUN 1 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Stuart | ADDRESS 1225 Union |
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Melvin L. Kemper

Licensed Embalmer No. *403-2*

P. O. Address *3505 Oakdale*

St. Louis 20, 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.