

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27063

State File No. ....

FILED JUL 31 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6701

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 6615 Minnesota		20190		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6615 Minnesota		3. NAME OF DECEASED a. (First) Mary b. (Middle) Pauline c. (Last) Yeida		4. DATE OF DEATH (Month) (Day) (Year) July 4 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Nov. 9 1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Berthold E. Meyer		13b. MOTHER'S MAIDEN NAME Mary Fisher		
14. NAME OF HUSBAND OR WIFE Charles		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 Olyve Donnegan		ADDRESS 6615 Minnesota				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Carcinomas</i>				INTERVAL BETWEEN ONSET AND DEATH 6 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Carcinoma of the Bladder</i>				2 yrs.
DUE TO (c)						
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) 181X		
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 May 31, 1951, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 11:55 A.M., from the causes and on the date stated above.						
23a. SIGNATURE Robert G. Brennan (Degree or title) M.D.		23b. ADDRESS 5417. South Grand.		23c. DATE SIGNED 7-6-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-7-1953		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUL 7 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan		

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.....

Licensed Embalmer No. 4361

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.