No. 300
10-48

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

FILED OCT 15 1953

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 33720

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9488

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3033 Rolla Pl.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3033 Rolla Pl. 2109

**3. NAME OF DECEASED** (Type or Print): a. (First) Catherine b. (Middle) F. c. (Last) Meyers

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 1st 1953

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: March 25 1873

**9. AGE** (In years last birthday): 80 — 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): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and State or Foreign Country): Ireland 4

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Patrick Frain

**13b. MOTHER'S MAIDEN NAME**: Mary Woods

**14. NAME OF HUSBAND OR WIFE**

**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, ADDRESS**: Winifred Meyers 3033 Rolla Pl.

**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) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

*Morbid 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.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* Jan 1953, *to* Oct 1 1953, *that I last saw the deceased alive on* Sept 27 1953, *and that death occurred at* 8:15 A.M. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): MD

**23b. ADDRESS**: 634 N Grand

**23c. DATE SIGNED**: 10/3/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 10/5/53

**24c. NAME OF CEMETERY OR CREMATORY**: Calvary

**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REGISTRAR: OCT 3 1953

REGISTRAR'S SIGNATURE: J Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Sullivan's 2879 N Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

CR.

Dr. Murray
Mo Theatre Bldg
9:15 A.M. Saturday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Brinkm

Licensed Embalmer No. 355

P. O. Address:.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.