FILED JUL 26 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24962

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5990

1. PLACE OF DEATH
a. COUNTY ———
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN Festus
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 620 N. 6th Street

od-07

3. NAME OF DECEASED (Type or Print)
a. (First) Florence b. (Middle) Louise c. (Last) Meyers

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1954

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 24, 1918
9. AGE (In years last birthday) 36
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) Herculaneum, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard O'Farrell
13b. MOTHER'S MAIDEN NAME Bertha Bennett
14. NAME OF HUSBAND OR WIFE George F. Meyers Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Geo F. Meyers Jr. **ADDRESS** Festus, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Epidermoid Carcinoma of

DUE TO (c) Cervix

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? 171X

22. *I hereby certify that I attended the deceased from* Dec 9, 1953, *to* Jan 7, 1954, *that I last saw the deceased alive on* Jan 7, 1954, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard Muckerman (Degree or title) M.D.
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED July 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 3, 1954
24c. NAME OF CEMETERY OR CREMATORY Methodist
24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. JUL 2 1954
REGISTRAR'S SIGNATURE E. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard **ADDRESS** Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1963

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald H Vinyard

Licensed Embalmer No. 46.

P. O. Address Fesbus,

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