

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15199

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 5360

360

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PRAIRIE Twnshp.</u>	c. LENGTH OF STAY (In this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PRAIRIE Township 2360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>T.R.#1 LONDELL</u>		d. STREET ADDRESS (If rural, give location) <u>P.R.#1. LONDELL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) _____ c. (Last) <u>MEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 - 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>MARCH 4 - 1877</u>
9. AGE (In years last birthday) <u>78</u>		If UNDER 1 YEAR: Months <u>1</u> Days <u>26</u>	If UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY _____		13. FATHER'S NAME <u>FREDERICK MEYER</u>	

13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SIMON</u>		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 <u>MRS. RICHARD BOSSMAN LONDELL, MO.</u> ADDRESS _____			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u>		DUE TO (b) <u>Pneumonia Terminal</u>		<u>48 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Pneumonia</u>		<u>10 days</u>	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic Arthritis</u>				<u>14 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>493x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 11-10, 1952, to 5-1, 1955, that I last saw the deceased alive on 4-23, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. John H. Williams, D.O., St. Clair, Mo.</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>5-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>H. TRINITY</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-4-55</u>		REGISTRAR'S SIGNATURE <u>Lloyd Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN F.H.</u> ADDRESS <u>1936 St. Louis Ave.</u>	
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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 *[Handwritten Signature]*

Licensed Embalmer No. 4520

P. O. Address St Louis, 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.