

STANDARD CERTIFICATE OF DEATH

State File No. **20241**
Registrar's No. **4934**

FILED JUN 22 1955

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS | | c. LENGTH OF STAY (In this place) LIFE | | c. CITY OR TOWN SAINT LOUIS | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: DEACONESSS HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 6242 Alamo Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) GRACE | | | a. (First) GRACE | b. (Middle) ***** | c. (Last) MEYER | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1955 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 12, 1888 | |
| 9. AGE (In years last birthday) 66 yrs | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housework | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Charles N. Huber | | 13b. MOTHER'S MAIDEN NAME Anna Sontag | | 14. NAME OF HUSBAND OR WIFE Chester A. Meyer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Chester A. Meyer, 6242 Alamo Ave. 5 | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Infarction of Corbrin ANTECEDENT CAUSES Atherosclerosis of Corbral Veins Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days year year | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? 334X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 3 June, 1955 , to 5 June, 1955 , that I last saw the deceased alive on 5 June, 1955 and that death occurred at 7:15 P.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Gene W. Zellgott M.D. | | 23b. ADDRESS 4501st Manchester | | 23c. DATE SIGNED 6 June 55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE June 8, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. | |
| DATE REC'D BY LOCAL REG. JUN 6 - 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge, 15 | | | |

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..... *Ralph E. Zander*

Licensed Embalmer No. *427*

P. O. Address..... *St. Lou*

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.