

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28498

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 590 Registrar's No. 1904

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Pine Lawn</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Pine Lawn</u> <u>4151</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3902 Council Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>3902 Council Grove</u>		(If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Laura</u>		b. (Middle) _____		c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) <u>August</u> (Day) <u>13</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 7, 1892</u>	9. AGE (In years last birthday) <u>62</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>John Weiss</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. G. Meyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>406</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. G. Meyer</u> ADDRESS <u>3902 Council Grove</u>	

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, arteria, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Stomach.</u>		<u>8 months</u>
	DUE TO (c) <u>Generalized Metastasis</u>		<u>6 months</u>
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 <u>151x</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 JAN - 1952 to Aug 13, 1955, that I last saw the deceased alive on Aug 13, 1955 and that death occurred at 1 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>E E King</u> (Degree or title) <u>MP</u>		23b. ADDRESS <u>2114 E Grand</u>		23c. DATE SIGNED <u>15 Aug - 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>August 16 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	

DATE REC'D BY LOCAL REG. <u>8/16/55</u>	REGISTRAR'S SIGNATURE <u>Respect B. Ambe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H.Inc.</u> ADDRESS <u>1936 St. Louis Av.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-16-8-11

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address St. Louis

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