

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34731  
9257

State File No. ....

Registrar's No. ....

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 ST. LOUIS, MISSOURI c. LENGTH OF STAY (in this place) 23 Years d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital e. STREET ADDRESS (If rural, give location) 13 5100 Arsenal Street

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) B. c. (Last) Faust 4. DATE OF DEATH (Month) (Day) (Year) 10 21 55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated 8. DATE OF BIRTH 10-24-93 9. AGE (In years last birthday) Months Days Hours Min. 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Fenton, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Meyer 13b. MOTHER'S MAIDEN NAME Elizabeth Bone 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) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Elmer Meyer, 2706 Missouri Ave. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Diabetes Mellitus - Coma INTERVAL BETWEEN ONSET AND DEATH 1 hr.  
ANTECEDENT CAUSES Diabetes Mellitus 3 yrs.  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) A.S.H.D. 3 yrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 260x 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-4, 1945, to 10-21, 1955, that I last saw the deceased alive on 10-21, 1955, and that death occurred at 7:45 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anna Hyman M.D. 23b. ADDRESS 5100 Arsenal Street 23c. DATE SIGNED 10-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-24-1955 24c. NAME OF CEMETERY OR CREMATORIUM Memorial Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OCT 24 1955 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

In case of  
 death of  
 person named  
 at the residence of  
 No. 12  
 Street  
 City of  
 State of  
 Date of death  
 Cause of death  
 Age at death  
 Sex  
 Race  
 Religion  
 Occupation  
 Education  
 Marital status  
 Name of next of kin  
 Name of physician

**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.....  
 Licensed Embalmer No. 45

P. O. Address St. Louis

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.