

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **318**
Registrar's No. **66**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN St. Joseph
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 1719 Faraon St.	
3. NAME OF DECEASED (Type or Print) a. (First) SYLVIA b. (Middle) _____ c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) January 16, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 12, 1894
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) English teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Julius Meyer	
13b. MOTHER'S MAIDEN NAME Carrie Silberman		14. NAME OF HUSBAND OR WIFE None	
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. none	17. INFORMANT'S SIGNATURE OR NAME Leah Spratt, 215 N. 7th, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Renal arteriosclerosis	
DUE TO (c) E essential hypertension		DUE TO (c) Rheumatic heart disease, congestive cardiac failure	
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 446x	
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)		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 12/11, 1955 , to 1/16, 1956 , that I last saw the deceased alive on 1/15, 1956 , and that death occurred at 3:02 p. m. , from the causes and on the date stated above.	
23a. SIGNATURE Donald J. Stallard, M.D. (Degree or title)		23b. ADDRESS 902 Edmond St. City	
23c. DATE SIGNED 1/17/56		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 1/17/1956		24c. NAME OF CEMETERY OR CREMATORY Adath Joseph Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kathleen M. Allison ADDRESS 485 - N. Hester - Bowman, St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan 23, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison	

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 *Richard D. Collins*.....

Licensed Embalmer No. *4959*
319-10th St
P. O. Address *St. Joseph*.....

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.