

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22252**  
Registrar's No. **1355**

FILED JUN 21 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>1355</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>Clayton, Missouri</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>Valley Park</b>		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 <b>St Louis County Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Big Bend Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) _____ c. (Last) <b>Meister</b>			4. DATE OF DEATH <b>June 2, 1956</b> (Month) (Day) (Year)				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>4-20-1887</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>12</b>	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Meister</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Weber</b>		14. NAME OF HUSBAND/ OR WIFE <b>never married</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Adelia Meister</b> ADDRESS <b>St Louis County, Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) cerebral vascular accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephrosclerosis &amp; uremia</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>331X</b>	
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) (Min.)		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 <b>6-1-1956</b> to <b>6-2-1956</b> that I last saw the deceased alive on <b>6-2-1956</b> and that death occurred at <b>4:35P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S. E. Smith, M.D.</b> (Degree or title)				23b. ADDRESS <b>601 S. Brentwood, Clayton</b>		23c. DATE SIGNED <b>6-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-4-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>6-4-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Dombard</b>		MORTUARY ADDRESS <b>6464 Chippewa St St Louis 9, Missouri</b>			

**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 *Levin C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 78148 B

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.