

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1956

State File No. **25471**
Registrar's No. **1680**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 545		Registrar's No. 1680	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN Maplewood		c. LENGTH OF STAY (In this place) 7 yrs.		c. CITY OR TOWN Maplewood		4004	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maplewood Nursing Home				d. STREET ADDRESS (If rural, give location) 2200 Brendell			
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) P. c. (Last) MEYER			4. DATE OF DEATH (Month) (Day) (Year) 7 10 56				
5. SEX female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Oct(?) 1866		9. AGE (In years last birthday) 90	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) New Orleans		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ploiffer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Burdoff (Deceased)			
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 Austin Lowenhaupt ADDRESS 1507 Olive St			
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) Pneumonia, left lower lobe				INTERVAL BETWEEN ONSET AND DEATH 10 days	
		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. Arteriosclerotic Heart Disease				15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		490X	
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 May 21, 1951 , to July 10, 1956 , that I last saw the deceased alive on July 9, 1956 , and that death occurred at 9:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE James B. Jones (Degree or title) M.D.				23b. ADDRESS 337 W. Lockwood		23c. DATE SIGNED 7-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/18/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) Co. of Westchester N.Y.	
DATE REC'D BY LOCAL REG. 7-11-56		REGISTRAR'S SIGNATURE Herbert R. Lowenhaupt		25. FUNERAL DIRECTOR'S SIGNATURE Mayer		ADDRESS 4356 Lindell Blvd	

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, ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remick

Licensed Embalmer No. 4283

P. O. Address St. Louis Mo.

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 this body is not embalmed, fact should be so stated above.