

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

14371

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3045

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Lemay Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay (23) Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in hospital OR INSTITUTION Telegraph & Forder Rd.		d. STREET ADDRESS (If outside, give location) Reside on Farm 9135 So. Broadway Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Marie Middle E Last Meadows			4. DATE OF DEATH Month Dec. Day 24 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1914
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Mc Kenzie	
14. MOTHER'S MAIDEN NAME Mae Doughty		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. UNK		17. INFORMANT Mrs Audrey Sharp Address 9851 So Broadway Lemay (23) Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries compatible with auto accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger in car which collided with another car			
20c. TIME OF INJURY 4:15 p.m. 12/24/56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) public road	
20f. CITY, TOWN, OR LOCATION Rural		COUNTY STATE St. Louis Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ronald J. Williams (Degree or title)		22b. ADDRESS Clayton, Mo.	
22c. DATE SIGNED 12/27/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 28, 1956		23c. NAME OF CEMETERY OR CREMATORY Mount Hope	
23d. LOCATION (City, town, or county) (State) Lemay (23) MO.		24. FUNERAL DIRECTOR Southern Funeral Home 8322 So. Grand Blvd.	
25. DATE RECD. BY LOCAL REG. 12-26-56		26. REGISTRAR'S SIGNATURE Herbert R. Dombke	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David Van Fossan*

Licensed Embalmer No. 421

P. O. Address 6322 So.

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