

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

State File No. 44323

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2822

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	c. LENGTH OF STAY (In this place) 20 mos	c. CITY OR TOWN Ft. Worth	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Verna Fuller Home		e. STREET ADDRESS (If rural, give location) 5615 El Campo	

3. NAME OF DECEASED (Type or Print) a. (First) LINDA	b. (Middle) WREN	c. (Last) MEYER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 2, 1954	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ronald K. Meyer	13b. MOTHER'S MAIDEN NAME Marilyn Davies	14. NAME OF HUSBAND OR WIFE None
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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 Marilyn Meyer, Ft. Worth, Texas	ADDRESS Texas
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia (virus origin)		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital idiocy		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congenital idiocy			life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **birth Jan 2nd**, **1954** to **12-4**, **1956**, that I last saw the deceased alive on **12-4**, **1956**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne A. Ruffe	(Degree or title) M.D.	23b. ADDRESS 7736 Maryland Clayton 5 mo	23c. DATE SIGNED 12-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Normandy, Missouri
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DATE REC'D BY LOCAL REG. 12-5-56	REGISTRAR'S SIGNATURE Hubert B. Donker	25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL, FERGUSON, MISSOURI	ADDRESS
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(Licensed Embalmer's Signature on Reverse Side)

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 *E. Lewis Province*.....

Licensed Embalmer No..3403...

P. O. Address..Jennings,..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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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