

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6466

State File No.

FILED FEB 25 1957

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1300

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Home		e. STREET ADDRESS (If rural, give location) 2609 S. Grand Memorial Home-Grand & Magnolia			
3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) Meyer c. (Last)		4. DATE OF DEATH Feb. 8, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 31, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Michalke		13b. MOTHER'S MAIDEN NAME Caroline		14. NAME OF HUSBAND OR WIFE Albert F. Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Meyer - 5041 Pernod	
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) Large bowel obstruction Large bowel obstruction Antecedent causes Inoperable Ovarian tumor Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Desperable ovarian tumor DUE TO (c) Sociality			INTERVAL BETWEEN ONSET AND DEATH 2 minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 234x		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Nov. 1, 1956, to Feb. 5, 1957, that I last saw the deceased alive on Feb. 5, 1957, and that death occurred at 8:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Frances R. Ritchie (Degree of title) M.D.		23b. ADDRESS 5233 Waterman		23c. DATE SIGNED 2-8-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 11, 1957		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		DATE REC'D BY LOCAL REG. FEB 8 '57		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WACKER-HELDERLE - 3634 Gravois Ave.	

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.....
Frank J. [Signature]

Licensed Embalmer No. *26*
P. O. Address.....
St. Louis

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.