

FILED MAR 27 1957

STANDARD CERTIFICATE OF DEATH

State File No. 10718
Registrar's No. 2121

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital			e. STREET ADDRESS (If rural, give location) 269 1309 A Benton Street							
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Lorretta c. (Last) Meier			4. DATE OF DEATH (Month) (Day) (Year) Mar 1 1957							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 11 1907		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	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	11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U S				
13a. FATHER'S NAME ? Andell		13b. MOTHER'S MAIDEN NAME Cora ?		14. NAME OF HUSBAND OR WIFE Theodore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Theodore Meier					ADDRESS 1309 A Benton Street		
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) MEDICAL CERTIFICATION Cancer of Rt. Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to Brain DUE TO (c) and Skeletal System					INTERVAL BETWEEN ONSET AND DEATH July 1955 ? ?		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x					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) St. Louis Missouri						
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 July 1955, to March 1957, that I last saw the deceased alive on March 1, 1957, and that death occurred at 7:00 a.m., from the causes and on the date stated above.										
23a. SIGNATURE Anthony J. Vitale MD			23b. ADDRESS 3861 St. Louis Ave			23c. DATE SIGNED 3/1/57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/4/57	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Missouri					
DATE REC'D BY LOCAL REG. MAR 4 '57		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral Home					ADDRESS 1926 Allen Av	

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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Svoboda
Licensed Embalmer No. 48199

P. O. Address 1926 Allen

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.