Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007571 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1411

1. PLACE OF DEATH a. COUNTY	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) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Normandy — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Luke's Hospital — Length of stay in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) 27 213 Emerling Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Irene	Middle: C.	Last: Meyer	4. DATE OF DEATH	Month: Feb. Day: 5 Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan.14,1901	9. AGE (In years last birthday): 57 yrs	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): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Bonne, Terre, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Court Compton		14. MOTHER'S MAIDEN NAME: Agnes Nephew			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 495-22-1581	17. INFORMANT Address: Mr. Frank H. Meyer, 213 Emerling Dr. 21			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriolar nephrosclerosis	1 year
DUE TO (c)	Hypertension, essential and arteriosclerosis	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral artery thromboses.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 446 X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949, to 2/5/58 and last saw her/him alive on 2/5/58. Death occurred at 11:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph Edwards MD

22b. ADDRESS: 3720 Washington Blv. St Louis 6 Mo.

22c. DATE SIGNED: 2/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/8/58	23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Memorial Gardens	23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri.
24. FUNERAL DIRECTOR: CALVIN F.FEUTZ, 4828 Nat'l.Bridge Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG.: FEB 6 '58	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

2-5:30 Today (Thurs) Sure

File in city

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlenar

Licensed Embalmer No. 41

P. O. Address St. Lou

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