

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019953
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5069**

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 1 mo. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hosp. | | e. STREET ADDRESS (If rural, give location) 247 3338a Wisconsin | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louisa | | b. (Middle) | |
| c. (Last) Meyer | | 4. DATE OF DEATH (Month) (Day) (Year) 5--12-58 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 10-12-1868 |
| 9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME unk. | | 13b. MOTHER'S MAIDEN NAME unk. | |
| 14. NAME OF HUSBAND OR WIFE --- | | | |
| 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 Charles F. ... | | ADDRESS 3434 Sublette Ave | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bil. Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis of Heart Dis. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | | 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 4-15-58 , 19___, to 5-12-58 , 19___, that I last saw the deceased alive on 5-12-58 , 19___, and that death occurred at 11:30 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | | 23b. ADDRESS 5800 Arsenal St. | |
| 23c. DATE SIGNED 5/12/58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-15-1958 | |
| 24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery | | 24d. LOCATION (City, town, or county) (State) 6638 Gravois Ave Mo | |
| DATE REC'D BY LOCAL REG. MAY 13 '58 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |
| FURNERAL DIRECTOR'S SIGNATURE Ernest ... | | ADDRESS 6409 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.....*Van M. Seymour*
Licensed Embalmer No..... 4343
P. O. Address..... St. Louis, 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.