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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-027241 7525

FILED AUG 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 3942 Flora — Length of stay in 1b: 42 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 179 3942 Flora — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNA — Middle: M. — Last: MEYER

4. DATE OF DEATH: Month: July — Day: 31, — Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: October 22, 1869

9. AGE (In years last birthday): 88 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Mt. Pulaski, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Dittus

13b. MOTHER'S MAIDEN NAME: Sarah Hagenbuch

14. NAME OF HUSBAND OR WIFE: Fred H. G. Meyer

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.: None

17. INFORMANT: Mr. Ed. H. Gornet, Address: 3942 Flora Blvd.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebrovascular Arteriosclerosis
DUE TO (c) Ovarian Carcinoma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 175.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 May '58, to July 31 and last saw her/him alive on July 31 58
Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Kunigk Wolff MD — **22b. ADDRESS**: 72 + Olive St. St. Louis — **22c. DATE SIGNED**: 7-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE**: August 2, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: St. Trinity Cemetery — **23d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri.

24. FUNERAL DIRECTOR — **ADDRESS**: Beiderwieden F.H.Inc. 1936 St.Louis — **25. DATE RECD. BY LOCAL REG.**: AUG 2 '58 — **26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

(2)

3:30-5:30

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 .....

Licensed Embalmer No. 4590

P. O. Address .....

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.