

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003282

STATE FILE NUMBER

2 844

REGISTRATION DISTRICT No. _____ PRIMARY REGISTRATION DISTRICT No. _____ REGISTRAR'S No. _____

FEB 10 1959

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Length of stay in 1b **4 weeks**

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 No
d. STREET ADDRESS **5059 Queens Avenue** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ELIZABETH NMN MEYER

4. DATE OF DEATH Month Day Year
JANUARY 23, 1959

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED NEVER MARRIED WIDOWED / DIVORCED
8. DATE OF BIRTH **Sept. 27, 1891** 9. AGE (In years last birthday) **67** IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 **At Home** 11. BIRTHPLACE (City and state or country) **Dahlgren, Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Anselm Shilling** 13b. MOTHER'S MAIDEN NAME **Elizabeth Grant** 14. NAME OF HUSBAND OR WIFE **Walter W. Meyer**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT Address **Mrs. Walter W. Meyer, 5059 Queens Avenue**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **HYPERNEPHROMA METASTATIC TO LIVER AND LUNGS WITH SECONDARY LUNG ABSCESS AND SUBPHRENIC ABSCESS** INTERVAL BETWEEN ONSET AND DEATH **3 YEARS**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____ **180X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year
a.m. p.m. _____

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 **DEC. 29, 1958** to **JAN. 23, 1959** and last saw her alive on **JAN. 23, 1959**
Death occurred at **11:40 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. D. McMillan, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **1/24/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Jan 26 1959** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair** 25. DATE RECD. BY LOCAL REG. **JAN 26 1959** 26. REGISTRAR'S SIGNATURE **Calvin Smith M.D.**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harold V Burnley*
Licensed Embalmer No. *4207*
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.