

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-027720**

FILED VS AUG 3 1959

Registration District No. 317 Primary Registration District No. 580 Registrar's No. 1922

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Ferdinand Twp</b>		Length of stay in 1b <b>4 yrs</b>	c. CITY OR TOWN <b>St. Ferdinand Twp</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>229 Summit</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>229 Summit</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LILLIAN</b> Middle <b>LILLIE</b> Last <b>MEIEROTTO</b>			4. DATE OF DEATH Month <b>July</b> Day <b>17th</b> Year <b>1959</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/25/91</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Fred Redeker</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>		14. NAME OF HUSBAND OR WIFE <b>Mathew Meierotto</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Robert Bewig, 229 Summit</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous of abdominal Cavity - primary = ovarian?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4-2-59</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **4-2-59** to **4-17-59** and last saw her alive on **4-17-59**  
Death occurred at **4-AM** **7-17-59** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Decedent or title)	22b. ADDRESS <b>Not listed - 814</b>	22c. DATE SIGNED <b>7-17-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/20/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	23d. LOCATION (City, town, or County) (State) <b>St. Louis Co., Mo.</b>

24. FUNERAL DIRECTOR <b>DIEDRICH FUNERAL HOME, 8319 Halleferry</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-17-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Official Seal      Issued      Official Seal  
 of the State of Missouri      State of Missouri      of the State of Missouri  
 St. Louis, Mo.      St. Louis, Mo.      St. Louis, Mo.  
 No.      Date      No.      Date  
 of the      of the      of the      of the  
 body      body      body      body  
 deceased      deceased      deceased      deceased  
 Name      Name      Name      Name  
 of the      of the      of the      of the  
 decedent      decedent      decedent      decedent  
 Name      Name      Name      Name  
 of the      of the      of the      of the  
 embalmer      embalmer      embalmer      embalmer

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Stanley F. Dixon  
 Licensed Embalmer No. 4192  
 P. O. Address St. Louis

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

Official Seal      Issued      Official Seal      Official Seal

Missouri State Board of Health      St. Louis, Mo.