

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-037877

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9204**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN GRANITE CITY	
Length of stay in 1b 5 DAYS		d. STREET ADDRESS (If outside, give location) 4410 KIRKPATRICK HOMES	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANNA DELLA MEYERS			4. DATE OF DEATH Month Day Year 10 5 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-13-25
9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 AT HOME	11. BIRTHPLACE (City and state or country) WEST FRANKFORT, ILL. U.S.
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME SIDNEY RAY	
13b. MOTHER'S MAIDEN NAME LAURA ARNOLD		14. NAME OF HUSBAND OR WIFE OLIVER MEYERS	
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 Oliver Meyer
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Gram negative Septicemia			4 days
DUE TO (b) Premature Rupture membranes			6 days
DUE TO (c) 681x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Pneumonia (Terminal)			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input 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 s.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 10-1-59 to 10-5-59 and last saw her alive on 10-5-59 Death occurred at 4:30 AM 10/5/59 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald L. Moore, M.D.		22b. ADDRESS Jewish Hospital St. Louis	22c. DATE SIGNED 10/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-5-1959	23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS	23d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS
24. FUNERAL DIRECTOR Frank Moore Granite City, Ill		25. DATE RECD. BY LOCAL REG. OCT 7 '59	26. REGISTRAR'S SIGNATURE Roald Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m8B

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

Charles E. Mincee

Licensed Embalmer No. 2988

P. O. Address

Granite City

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.