

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

**-61-047311**  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3610

**FILED JAN 9 1962**

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>Cool Valley VALLEY</b>	Length of stay in 1b <b>MONS.</b>	c. CITY OR TOWN <b>Cool Valley VALLEY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hill Top Nursing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1301 South Florissant</b>

3. NAME OF DECEASED (Type or print) First <b>Florence</b> Middle <b>Sophia</b> Last <b>Meston</b>	4. DATE OF DEATH Month <b>December</b> Day <b>19</b> Year <b>1961</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1-4-1886</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>75</b> Days <b>75</b> Hours <b>75</b> Min. <b>75</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Albert Gerst</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Rieger</b>	14. NAME OF HUSBAND OR WIFE <b>Nicholas Meston</b>
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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>Raymond A. Meston</b> Address <b>1050 Donnell St. Louis Missouri</b>
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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>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>- ?</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) <b>Large decubitus ulcers, back.</b>	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
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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.)
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20c. TIME OF INJURY Hour <b>4:50 a</b> Month, Day, Year <b>Apr 12 - 1969</b>	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 <b>St. Louis</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>
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21. I attended the deceased from <b>Apr 12 - 1969</b> to <b>Dec 19 - 1961</b> and last saw her <b>alive</b> on <b>Dec 19 - 1961</b> . Death occurred at <b>4:50 a</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John G. M. Jamey MD</b> (Degree or title)	22b. ADDRESS <b>5014 Thekla Av</b>	22c. DATE SIGNED <b>12/19/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-21-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County Missouri</b> (State)
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24. FUNERAL DIRECTOR <b>C.R. Lupton and Sons</b> ADDRESS <b>7233 Delmar Blv'd.</b>	25. DATE RECD. BY LOCAL REG. <b>12-19-61</b>	26. REGISTRAR'S SIGNATURE <b>John G. M. Jamey MD</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT

ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.