

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048587

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12500**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 LEMA Y	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSP.		d. STREET ADDRESS (If outside, give location) 164 KINGSTON	
3. NAME OF DECEASED (Type or print) First MARY Middle C. Last Meyer		4. DATE OF DEATH Month Dec Day 26 Year 1962	
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 MAY 9, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED REAL ESTATE SALES LADY		11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George MAYNARD		13b. MOTHER'S MAIDEN NAME PARALEE HUETTE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT William Meyer Address 164 KINGSTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent carcinoma of right breast with metastases to liver, dura, ribs, pelvis and lumbar spine. DUE TO (b) breast with metastases to DUE TO (c) liver, dura, ribs, pelvis and lumbar spine. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Right pleural effusion 170X			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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.) 170X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION ST. Louis COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from 8:00 PM 12-25-62 to 12-25-62 and last saw her alive on 12-25-62 . Death occurred at 8:00 PM 12-25-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Joseph J. Kaemel M.D.		22b. ADDRESS 634 N. Grand Blvd.	
22c. NAME OF CEMETERY OR CREMATORY LAKWOOD PARK CEM.		22e. DATE SIGNED 12/27/62	
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL		23d. LOCATION (City, town, or county) (State) ST. Louis Mo.	
23b. DATE Dec 29, 1962		23c. LOCATION (City, town, or county) (State) ST. Louis Mo.	
24. FUNERAL DIRECTOR Thomas Lutz ADDRESS 2906 Gravois		25. DATE RECD. BY LOCAL REG. DEC 28 1962	
		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

Dr. Van Hornel
JE-1-7618
300 - 600 P.M.
Mo. Stn. Bldg.

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 Eleana Bourice

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

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.