

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32946

1. PLACE OF DEATH

Comdy..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 5377 Catamine Ave)

File No.....
Registered No. 9819
St. Ward)

2. FULL NAME Stella Maude Meyer

(a) Residence. No. 5377 Catamine St., 5 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

A. L. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-12-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 1 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER W. E. Darley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Val
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa
(STATE OR COUNTRY)

14. INFORMANT Lynne Meyer
(Address) 5377 Catamine Ave

15. SEP 20 1931 FILED W. E. Darley REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Sept 18, 1931, that I last saw her alive on Sept 18, 1931, and that death occurred, on the date stated above, at 1:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Brain, Lung, Liver
Primary seat Carcinoma of
Breast (duration) 50 yrs. - about 4 mos. - da.
CONTRIBUTORY Carcinoma of Breast (Amputated)
(SECONDARY) (by operation) (duration) 4 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 28, 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray - Pathological Spec.

(Signed) Hiram F. Figgitt, M. D.

Sept. 19, 1931 (Address) 3720 Washington - St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bonne Terre Mo

Apr. 20 1931

20. UNDERTAKER

ADDRESS

Alexander & Sons

6175 Del.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

