S. No. 300
v. 10-48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15277

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 870

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICHMOND HGTS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CUBA 0280
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) MYERS c. (Last)

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 50

5. SEX F
6. COLOR OR RACE W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) 1
8. DATE OF BIRTH ~~[illegible]~~
9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David McIntosh
13b. MOTHER'S MAIDEN NAME Rachel String Fleming
14. NAME OF HUSBAND OR WIFE Robert C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Robert C. Myers ADDRESS Cuba, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPTICEMIA, PSEUDOMONAS AEROGENESE — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PYELITIS — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. UREMIA, PNEUMONIA — 10 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1000.0
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/24, 1950, *to* 3/29, 1950, *that I last saw the deceased alive on* 3/29, 1950, *and that death occurred at* 3:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Dallas J. Dyer (Degree or title) 0
23b. ADDRESS 16 Hampton Village, St. L. Mo.
23c. DATE SIGNED 3/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A
24b. DATE 4-2-1950
24c. NAME OF CEMETERY OR CREMATORY Fleming Cemetery
24d. LOCATION (City, town, or county) Cuba (State) Mo.

DATE REC'D BY LOCAL APR 4 1950
REGISTRAR'S SIGNATURE Herbert R. Dowke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Franklin ADDRESS Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 1958

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 .....
Student Embalmer

Signed .....

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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 this body is not embalmed, fact should be so stated above.