

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29251

State File No.

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7252

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY 2249

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL e. STREET ADDRESS (If rural, give location) 243214 OREGON

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH b. (Middle) BOBMEYER c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) JULY 28 1952

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH JULY 16 1880 9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months _____ 11. OVER 1 YEAR Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL BRUEGGEMANN 13b. MOTHER'S MAIDEN NAME APOLONIA HERTLING 14. NAME OF HUSBAND OR WIFE (DEC'D) GEORGE BOBMEYER SR.

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. NONE 17. INFORMANT'S SIGNATURE OR NAME & ADDRESS RUSSELL BOBMEYER 544 V LOUISIANA

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma with metastasis to bone and brain pathological fracture of the right hip, when her leg gave away while she was attempting to get up from chair at her home at 5214 Oregon Ave

INTERVAL BETWEEN ONSET AND DEATH _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION on July 1, 1952 at about 500 pm 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR F9020 21

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 845 A m., from the causes and on the date stated above.

23. SIGNATURE Cathie E. Taylor, M.D. (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE JULY 31 1952 24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. JUL 29 1952 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Thomas Kutis 2906 Geavie

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Samuel L. Hill

Licensed Embalmer No. _____

4347 Y

P. O. Address _____

2906 Dava

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.