

0.300
0.48

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22274**
2820

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 75 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hosp		STREET ADDRESS (If rural, give location) 50 2111 E. Armour Blvd 3508	

3. NAME OF DECEASED (Type or Print) a. (First) Rika b. (Middle) R. c. (Last) Meyer.			4. DATE OF DEATH (Month) (Day) (Year) July 2 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb 25, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Levi Rosenthal	13b. MOTHER'S MAIDEN NAME Fannie Rothchild	14. NAME OF HUSBAND OR WIFE Louis Meyer
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Leon Meyer, 1227 West 63rd. Terr.	ADDRESS
---	--------------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction		6 hrs	

19a. DATE OF OPERATION JUNE 27, 1955	19b. MAJOR FINDINGS OF OPERATION Chronic Hypertension	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1930**, to **July 2, 1955**, that I last saw the deceased alive on **July 2, 1955**, and that death occurred at **4:22 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Fred Irwig	(Degree or title) of MD	23b. ADDRESS 1610 Pinyon Blv	23c. DATE SIGNED July 2, 55
-------------------------------------	--------------------------------	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 4, 55	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 7-2-55 neva minshall	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure, Kansas City, Mo	ADDRESS
---	-----------------------	---	---------

(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.....
Signature of Student Embalmer

Signed *Robert M. [Signature]*.....
Licensed Embalmer No. *48*.....
P. O. Address *[Signature]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.