

DEPARTMENT OF HEALTH SEP 25 1940 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

29504

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 135

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 years
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. County Name
 (Rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Catherine Marie Meier

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George William Meier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2 1852
 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace New Melle, Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name John Henry Heitmann
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine S. Nustelbush
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

18. (a) Informant Miss. Hermane Mischke

(b) Address Orchard Park, Mo

17. (a) Burial (b) Date thereof Aug. 3 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Mo

18. (a) Signature of funeral director H. C. Dallenbach

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 8/2/40 (b) Clarence B. Heesler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1st 1939 to Aug 1st 1940.
 What I last saw him alive on Aug 1st 1940.
 and that death occurred on the date and hour stated above.

Immediate cause of death Broken Comminuted Duration 3dy
 Due to Chronic Myocarditis 1 yr.

Due to Gen Art. Sclerosis 10 yrs.

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy None

PHYSICIAN _____
 Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature A. P. Enich Schweg, M.D.

Address St. Charles, Mo Date signed 8/7/40

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

72
4
3

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.....

Joseph Glendolt

Registered Apprentice No. *243*

working under my personal supervision.

Signed *John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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, above space should be left blank.