S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5963

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 44

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mos. 12 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Concordia 1
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ADELIA LOUISE MEYER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown 4
6. (b) Name of husband or wife Henry Meyer
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September (Month) 24, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	1	hr. min.

9. Birthplace Concordia (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Louis Hinck 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 1
MOTHER
14. Maiden name Adelbert Schroeder
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place burial or cremation Washington University Anatomical Dept. St. Louis, Missouri
18. (a) Signature of funeral director Via Lozean Funeral Home
(b) Address Farmington, Missouri
19. (a) 2-11-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25, year 1948 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from August 14, 1946, to January 25, 1948, 19 ; that I last saw her alive on January 25, 1948, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature George H. Reeves (M. D. or other) M.D.
Address Farmington Mo. Date signed 2-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-232

Date Filed 2-17-48

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 ~~for by~~ for Washington University Medical School Registered Apprentice No. working under my personal supervision.

Signed M. W. Rhoades (Technician)

Licensed Embalmer No.

P. O. Address 4580 Scott St. Louis

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.