

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1948

Registration District No. **400**

Primary Registration District No. **5592**

Registrar's No. **74**

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

1. PLACE OF DEATH:

(a) County: **Jefferson**  
 (b) City or town: **Herculaneum**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jefferson**  
 (c) City or town: **Herculaneum**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.:  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: **Anna Kathryn Meng**  
 3. (b) If veteran, name war: **-**  
 3. (c) Social Security No.: **no**

4. Sex: **Female**  
 5. Color or race: **White**  
 6. (a) Single, widowed, married, divorced: **married**  
 6. (b) Name of husband or wife: **F. H. Meng**  
 6. (c) Age of husband or wife if alive: **71** years  
 7. Birth date of deceased: **September 12, 1974**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>3</b>	<b>2</b>	hr. min.

9. Birthplace: **Pevely, Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:  
 12. Name: **John Rapp**  
 13. Birthplace: **Hermann, Mo.** (City, town, or county) (State or foreign country)  
 14. Maiden name: **Jessie Miller**  
 15. Birthplace: **Pevely, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant: **F. H. Meng**  
 (b) Address: **Herculaneum, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **Feb 17, 1948**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Herculaneum Cem.**

18. (a) Signature of funeral director: **H. S. Thompson**  
 (b) Address: **Festus, Mo.**

19. (a) **Feb 17, 1948** (Date received local registrar)  
 (b) **Oliver S. Bennett** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14**  
 year **1948** hour **10** minute **15** P.M.  
 21. I hereby certify that I attended the deceased from **Feb 12**  
 19 **48** to **Feb 17, 48**  
 that I last saw h. e. v. alive on **Feb 14, 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis**  
 Due to: **Coronary Thrombosis**  
 Due to:

Other conditions: **None**  
 (Include pregnancy within 3 months of death)  
 Major findings: **None**  
 Of operations: **None**  
 Of autopsy: **None**

Duration  
**3 days**  
**8 days**

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?  
 While at work (Specify type of place) (e) Means of injury  
 23. Signature: **Dr. E. J. ...** (M. D. or other)  
 Address: **Herculaneum, Mo.** Date signed: **2/16/48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAR 27 1948

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.....

*Donald H. Vinyard*

Registered Apprentice No. *71*

working under my personal supervision.

Signed.....

*D. H. Vinyard*

Licensed Embalmer No. *3010*

P. O. Address..... *Foster 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.