

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 248

92  
9  
3

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>unknown</u>		d. STREET ADDRESS (If rural, give location) <u>139a North Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u>	b. (Middle) <u>---</u>	c. (Last) <u>Myers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 25-1948</u>
---	------------------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24-1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS, OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>William Attherton</u>	13b. MOTHER'S MAIDEN NAME <u>Jane ?</u>	14. NAME OF HUSBAND, OR WIFE <u>Canada Myers</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Canada Myers-St. Charles, Mo.</u>
--	------------------------------------	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc. Diabetica Coma</u>		<u>14 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Cerebral Hemorrhage</u>		<u>20 yrs</u> <u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arterio sclerosis</u>		<u>20 yrs.</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	----------------------------------	---

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>No</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
--	--	-------------------------------------

22. I hereby certify that I attended the deceased from Dec 14, 1948 to Dec 25th, 1948 that I last saw the deceased alive on Dec 23, 1948, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Erich Schurz M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>12/28/48</u>
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 28-1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Groves Cemetery</u>	24d. LOCATION (City, town, or County) (State) <u>St. Charles, Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12/29/48</u>	REGISTRAR'S SIGNATURE <u>Hannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Hallmeyer + Sons Co 800 N. 2nd-St. Charles, Missouri</u>
--	--	--

RECEIVED  
District Health Officer (No. 9)  
District of Columbia  
Date Filed JAN 10 1945

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Herbert G. Dallmeyer

Licensed Embalmer No. 4546

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, fact should be so stated above.