

FILED FEB 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. **5841**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3088** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. LENGTH OF STAY (In this place) One week	
c. CITY (If outside corporate limits, write RURAL and give township) St Charles		d. STREET ADDRESS (If rural, give location) 420 Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Alvina b. (Middle) Lanvermeier c. (Last) Lanvermeier		4. DATE OF DEATH (Month) (Day) (Year) February 10 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 7 1891
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St Charles
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Herman Lanvermeier		13b. MOTHER'S MAIDEN NAME Elizabeth Niemeier	14. NAME OF HUSBAND OR WIFE _____
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. _____	17. INFORMANT'S SIGNATURE OR NAME Theo. Lanvermeier ADDRESS 408 Jackson St
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma metastases, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of left breast. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NOT	
INTERVAL BETWEEN ONSET AND DEATH 18 mo.			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) _____	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 Feb. 6 , 19 49 , to Feb. 10 , 19 49 , that I last saw the deceased alive on Feb. 10 , 19 49 , and that death occurred at 9:25 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. R. McFritchie, M.D., U		23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 2/16/49
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb. 12 1949	24c. NAME OF CEMETERY OR CREMATORY Friedens	24d. LOCATION (City, town, or county) (State) St Charles Co. Mo
DATE REC'D BY LOCAL REG. 2-16-49	REGISTRAR'S SIGNATURE R. Anne	25. FUNERAL DIRECTOR'S SIGNATURE R. Anne	ADDRESS St Charles Mo

FEB 18 1949

RECEIVED

District Health Officer No. 9,

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
Student Embalmer

Signed Arthur C. Paul

Licensed Embalmer No. 3155

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.