

No. 300
10-48
9600

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7017

317

6076

274

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Berger			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest #1				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Levon		b. (Middle) Ellen		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) 2 2 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 28, 1875	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Berger, Mo.			
13a. FATHER'S NAME Joe Coulter		13b. MOTHER'S MAIDEN NAME Lusinda Coulter		14. NAME OF HUSBAND OR WIFE John Fritz Meyer			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William M. Meyer, Berger, Mo. R.F.D. 2			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		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) (Min.)		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 17, 1948 , to Feb 2, 1949 , that I last saw the deceased alive on Jan 31, 1949 , and that death occurred at 2:55 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. L. Merklein M.D.				23b. ADDRESS 3507 Potomac		23c. DATE SIGNED 2-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-49		24c. NAME OF CEMETERY OR CREMATORY Etlah Cemetery		24d. LOCATION (City, town, or county) (State) Etlah, Mo.	
DATE REC'D BY LOCAL REG. 2-3-49		REGISTRAR'S SIGNATURE Thurmond Lunge		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumer Funeral Home, Berger, Mo.			

(Licensed Embalmers Statement on Reverse Side)

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

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 *Clement McNeary*

Licensed Embalmer No. 8732

P. O. Address *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.