

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7056

State File No.

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 4469 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>118 N 6th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		e. STREET ADDRESS <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle)	c. (Last) <u>MEYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 8 1856</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ANTON PFAFF</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE PALMER</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH MEYER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>August T. Meyer Sr. Ste. Genevieve Mo</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-Sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>H34</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 2, 1949, to Feb 7, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Delaposselle</u>	23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>Feb 7-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 9 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10-1949</u>	REGISTRAR'S SIGNATURE <u>Geneva M. Dahl - Dept</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Bachler Ste. Genevieve Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

95

RECEIVED

Examiner Officer No. 4
Job Number 249-245
Date Filed 2-17-49

APR 12 1949

FEB 25 1949

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 Geo. C. Basher

Licensed Embalmer No. 1985

P. O. Address St. Stevens Ave. 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.