S. No. 300
v. 10.48

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

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9672

State File No. 9672

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN: Wentzville, Calloway Twp. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place): Life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: St. Charles
c. CITY OR TOWN: Wentzville. Rural (If outside corporate limits, write RURAL and give township) Calloway Township
d. STREET ADDRESS (If rural, give location): Route 1 Wentzville 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Maria
c. (Last): Meier

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 11 - 1873
9. AGE (In years last birthday): 75 — If under 1 year: Months 3 Days 17 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Riske
13b. MOTHER'S MAIDEN NAME: Matilda Schlarenkamp
14. NAME OF HUSBAND OR WIFE: Late Frank H Meier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: John Meier Wentzville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — Interval between onset and death: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebrovascular — 1 year

DUE TO (c) Diabetes — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1947, *to* 3-28, 1949, *that I last saw the deceased alive on* 3-28, 1949, *and that death occurred at* 4:59 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude W Rice MD
23b. ADDRESS: Wentzville Mo
23c. DATE SIGNED: 3-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31-49
24c. NAME OF CEMETERY OR CREMATORY: St. Paul.
24d. LOCATION (City, town, or county) (State): New Melle. Mo.

DATE REC'D BY LOCAL REG.: April 21 1949
REGISTRAR'S SIGNATURE: Martin F Poff
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: T. E. Pittman. Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed APR 7 1943

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 T. E. Pitman

Signed _____
Student Embalmer

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.