

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11891

State File No. ....

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BIRTH NO. ....		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>94</b>		
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Jefferson City</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		d. STREET ADDRESS (If rural, give location) <b>1500 Monroe St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1500 Monroe St.</b>				d. STREET ADDRESS (If rural, give location) <b>1500 Monroe St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Meister</b> c. (Last) <b>Meister</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 14 1949</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 22. 1889</b>		
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Emil Meister</b>			13b. MOTHER'S MAIDEN NAME <b>Henrietta Wendler</b>			14. NAME OF HUSBAND OR WIFE <b>Alma Meister</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alma Meister Jefferson City, Mo.</b>				
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) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES DUE TO (b) <b>hypertension</b> DUE TO (c) <b>arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>2 yrs</b> <b>2 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>					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 <b>Mar 18 1949</b> to <b>April 14 1949</b> that I last saw the deceased alive on <b>April 13 1949</b> and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>H. W. ...</b>				23b. ADDRESS <b>Jefferson City Mo</b>		23c. DATE SIGNED <b>4-15-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-16-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery Jefferson City, Mo.</b>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <b>April 15-49</b>		REGISTRAR'S SIGNATURE <b>R.P. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Victor ... Jefferson City Mo</b>				

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

Date Filed APR 19 1949

District File Number

District Health Officer No. 5

RECEIVED

MAY 23 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. 318

working under my personal supervision.

Student Bill Branson Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.