

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36828**

BIRTH NO. _____ **REG. DIST. NO.** 116 **PRIMARY REG. DIST. NO.** 5434 **Registrar's No.** 157

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lisette</u> b. (Middle) _____ c. (Last) <u>Dressel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11, 1949</u>	
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>Apr 5, 1860</u>
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 <u>XX</u>	9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Mehlville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Henry Theiss</u>		13b. MOTHER'S MAIDEN NAME <u>Yesberg</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Meinershagen</u> ADDRESS <u>Labadie, Mo.</u>
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) <u>Myocarditis Chr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>←</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
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) _____		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 <u>July</u>, 1942, to <u>Nov 11</u>, 1949, that I last saw the deceased alive on <u>Nov 9</u>, 1949, and that death occurred at <u>5:30 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank G. Mays, M.D.</u>		23b. ADDRESS <u>Washington, Mo</u>	23c. DATE SIGNED <u>11-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 11, 1949</u>		REGISTRAR'S SIGNATURE <u>99</u>	

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

36
5

District File Number _____
RECEIVED
NOV 19 1949
District Health Officer No. 9,

NOV 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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Francis J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, 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.