

S. No. 300
v. 10.48

2009
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1950

State File No. **2790**
Registrar's No. **235**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 8 Months		c. CITY (If outside corporate limits write RURAL and give township) St. Louis,		2089		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Altenheim				d. STREET ADDRESS (If rural, give location) 8721 Halls Ferry Road				
3. NAME OF DECEASED (Type or Print) Lena			a. (First)		b. (Middle)		c. (Last) Meiser	
4. DATE OF DEATH January 9, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH December 10, 1870		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Dietrich Boedeker			13b. MOTHER'S MAIDEN NAME Mary Unknown			14. NAME OF HUSBAND OR WIFE Henry Adam Meiser		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. W. A. Meyer, Supt., 8721 Halls Ferry				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Arteriosclerotic Arteriosclerosis 10 yrs 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 2 hrs	
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) 4501st		21d. (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 Sept 1947 , to Jan 9, 1950 , that I last saw the deceased alive on Jan 9, 1950 , and that death occurred at 9:20 A.M. from the causes and on the date stated above.								
23a. SIGNATURE John P. Morris MD				23b. ADDRESS 2209 1/2 Broadway		23c. DATE SIGNED Jan 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Immanuel Luth. Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri.		
DATE REC'D BY LOCAL REG. JAN 10 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home, Inc. ADDRESS 1936 St. Louis				

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

(Licensed Embalmer's Statement on Reverse Side)

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 Max L. Warpel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.