

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11510**

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 699	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Gardenville		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville 4810			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4618 Tieman				d. STREET ADDRESS (If rural, give location) 4618 Tieman 0			
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) _____		c. (Last) Meier		4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 20, 1881	9. AGE (In years) (Month) (Day) (Hours) (Min.) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____	
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) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Scully		13b. MOTHER'S MAIDEN NAME Elizabeth Clapper		14. NAME OF HUSBAND OR WIFE William Meier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Meier 4618 Tieman			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis of Spine & legs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2nd opinion 2(c))				INTERVAL BETWEEN ONSET AND DEATH Just 5 yrs. 331X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 331X		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) _____		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 May 2, 1947 , to 3/14, 1950 , that I last saw the deceased alive on March 14, 1950 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Walker Willey MD				23b. ADDRESS 9915 Gravois		23c. DATE SIGNED Mar 17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/18/50	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY LOCAL REG. 3-17-50		REGISTRAR'S SIGNATURE Herbert R. Doube, MD		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sone		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 6 1950

MAY 4 1951

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.