

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28463**
 Registrar's No. **7350**

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 Mo. b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Lemay		4190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				d. STREET ADDRESS (If rural, give location) 9718 Perrin ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) E.		c. (Last) Meier		4. DATE OF DEATH (Month) (Day) (Year) August 28, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25, 1894		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown Schlegel			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jacob Meier		
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 Jacob Meier ADDRESS 9718 Perrin ave. Lemay, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						1/2 d.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus						10 yrs.
	DUE TO (c) Arteriosclerosis						12 yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis						4 yrs.
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) (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 260X			
22. I hereby certify that I attended the deceased from Aug 20 1948 , to Aug 28 , 1950 , that I last saw the deceased alive on Aug 28 , 1950 , and that death occurred at 4:32 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Matchel L. Bairbank M.D.				23b. ADDRESS 7629 So. Broadway		23c. DATE SIGNED 8/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1950	24c. NAME OF CEMETERY OR CREMATORY ST. Trinity Cem.		24d. LOCATION (City, town, or county) (State) Lemay, Mo.		
DATE REC'D BY LOCAL REG. AUG 29 1950		REGISTRAR'S SIGNATURE J. B. Sasator			25. FUNERAL DIRECTOR'S SIGNATURE C. Hormeister 7814 S. Broadway		

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

Dr. B. L. ...

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.