

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29042

317

6076 Registrar's No. 1967

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Le May</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>814 Lemay Ferry Rd</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Le May</b> d. STREET ADDRESS (If rural, give location) <b>814 Lemay Ferry Rd</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cat Catherine</b> b. (Middle) <b>Meister</b> c. (Last)		4. DATE OF DEATH <b>Aug. 7/50</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>June 17 1865</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Joseph Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kempf</b>		14. NAME OF HUSBAND OR WIFE			
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>Emma Schicke 814 Lemay</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Chr. Interstitial nephritis</b> DUE TO (c) <b>Myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>old age infirmities</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>3 1/2</b> <b>3 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>4222</b>			
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>May 16, 1942</b> , to <b>Aug 7, 1950</b> , that I last saw the deceased alive on <b>Aug 7, 1950</b> , and that death occurred at <b>4:15 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. W. Bresmeyer</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>762 Lemay Ferry Rd, St Louis Mo</b>		23c. DATE SIGNED <b>8-8-1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug 10/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive</b>			
24d. LOCATION (City, town, or county) (State) <b>LeMay Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und Co 7420 Mich Ave</b>					
DATE REC'D BY LOCAL REG. <b>AUG 8 1950</b>		REGISTRAR'S SIGNATURE <b>Robert L. ...</b>					

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

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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..... *V. E. Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address.....

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.