

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32126

BIRTH NO.		REG. DIST. NO. 364		PRIMARY REG. DIST. NO. 6237		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give town or town Rural Hickory Grove			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 050'				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 901 Linsley					
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) R		c. (Last) Meyerotto			
4. DATE OF DEATH		(Month) Aug		(Day) 21		(Year) 1950			
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 5 1898		9. AGE (In years last birthday) 51			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Pittsburg Glass		11. BIRTHPLACE (State or foreign country) Co Fulton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME C.F. Meyerotto			13b. MOTHER'S MAIDEN NAME Minnie Sieckman			14. NAME OF HUSBAND OR WIFE Ida Meyerotto			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-03-4558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Meyerotto Crystal City Mo					
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				INTERVAL BETWEEN ONSET AND DEATH	
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) (Product of injury)					
				DUE TO (c) By natural causes				4201	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Due to acute heart attack.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) Hickory Grove Warren Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. F. H. Knigg 3 (County Warren Mo)				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 23 1950		24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant		24d. LOCATION (City, town, or county) (State) New Franklin Mo			
DATE REC'D BY LOCAL REG. 9-11-50		REGISTRAR'S SIGNATURE Mas Forrest W. Hughes 335		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Furn & Und Co Wright City Mo					

(Licensed Embalmer's Station on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 11 1950

RECEIVED

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Julius J. Dieburg

Licensed Embalmer No. 3366

Signed
Student Embalmer

P. O. Address Wright City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.