

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1950

State File No. **33177**

BIRTH NO. _____ REG. DIST. NO. **117** PRIMARY REG. DIST. NO. **5435** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf	c. LENGTH OF STAY (In this place) 6 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Roark 0370	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Ida Heinlein, Residence		d. STREET ADDRESS (If rural, give location) 8 miles South Of Berger, Mo.	

3. NAME OF DECEASED (Type or Print) ROSA			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10 4 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 7/16/1869		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Hermann, Missouri, RFD			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Julius Biermann		13b. MOTHER'S MAIDEN NAME Unknown Vogel		14. NAME OF HUSBAND OR WIFE Henry W. Meyer	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Meyer, Hermann, Mo. RFD	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4-32		

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)	
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 **May 10th, 1942**, to **Oct. 4th, 1950**, that I last saw the deceased alive on **Oct. 30th, 1950**, and that death occurred at **6:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. G. Rhodius M.D. (Degree or title)		23b. ADDRESS Hermann Mo		23c. DATE SIGNED Oct 5/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-1950		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) Berger, Mo/	
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DATE REC'D BY LOCAL REG. Oct 5-50		REGISTRAR'S SIGNATURE D. D. Muschville		FUNDAL DIRECTOR'S SIGNATURE T. J. Blumer		ADDRESS Berger Mo	
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(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 3 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 *Gustav W Dietrich*

Signed _____
Student Embalmer

Licensed Embalmer No. *4329*

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.