

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32089

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 3277

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Overland</u> c. LENGTH OF STAY (In this place) <u>days</u>		c. CITY OR TOWN <u>Washington Mo. 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3323 Nesmore Rd</u>		STREET ADDRESS (If rural, give location) <u>P.F.H. 2</u>	
3. NAME OF DECEASED a. (First) <u>Agnes Estelle</u> b. (Middle) <u>Mealer</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 1-1871</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Barrett</u>	
13c. NAME OF HUSBAND OR WIFE <u>Edward V. Mealer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. J. Stoff, Overland Mo.</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pancreas</u> ANTECEDENT CAUSES DUE TO (b) <u>Obstructive endarteritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertensive Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>	
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? _____	
22. I hereby certify that I attended the deceased from _____, 19 <u>48</u> , to <u>death</u> , 19____, that I last saw the deceased alive on <u>28 Sept</u> , 19 <u>51</u> , and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul R. Whitener M.D.</u> (Degree or title)		23b. ADDRESS <u>8923 Midland, St. Louis (14) Mo.</u>	23c. DATE SIGNED <u>1 Oct 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Yellows</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-7-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Dornse</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walt Neuberg</u> ADDRESS <u>Walt Neuberg, Washington Mo</u>	

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

100X

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

A. J. Nieburg

Licensed Embalmer No.

2387

P. O. Address

Washington, 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.