

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35390

State File No. _____
Registrar's No. **8336**

NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desperes 4750	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 1235 Meier Lane	

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) Regina	c. (Last) Louise Meier	4. DATE OF DEATH (Month) (Day) (Year)
				9 - 18 - 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 10 HRS. Hours Min.
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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) Minnesota	12. CITIZEN OF WHAT COUNTRY? Amer.
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13a. FATHER'S NAME George Ahner	13b. MOTHER'S MAIDEN NAME Elizabeth Jahn	14. NAME OF HUSBAND OR WIFE Wm. Meier (Deceased)
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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 Dorothy Meier	ADDRESS 1235 Meier La Kirkwood
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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 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Artery Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		?
	DUE TO (c) Diabetes Mellitus		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 2nd X
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22. I hereby certify that I attended the deceased from **Sept. 2, 1951, to 9-18, 1951**, that I last saw the deceased alive on **9-18, 1951**, and that death occurred at **11:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE Clarence E. Mueller (Degree or title) M. D.	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 9-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-51	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Desperes St. L. Co Mo.
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DATE REC'D BY LOCAL REG. SEP 20 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 *William H. Pitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, 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.