

FILED JAN 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1787

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROCK TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL ROCK TOWNSHIP</b> 0507	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>NEAR ARNOLD MO</b>	

3. NAME OF DECEASED a. (First) <b>ANNA</b>		b. (Middle) <b>M.</b>		c. (Last) <b>METTE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 1 1952</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>MAR 7 1874</b>	9. AGE (In years last birthday) <b>77</b>	10. MONTHS <b>9</b>	11. DAYS <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (State or foreign country) <b>KIMMSWICK MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>FRANK SCHMIDT</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES METTE "DEC"</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS LEONARD MUELLER ARNOLD MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Myocardial Middle Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis</b>		DUE TO (c) _____		

19a. DATE OF OPERATION <b>None</b>		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.) <b>Arnold Jefferson Mo</b>		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <b>Jefferson Mo</b>	
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 **3/15 1952**, to **1/1 1952**, that I last saw the deceased alive on **11/30 1951**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H Reich M.D.</b> (Degree or title)	23b. ADDRESS <b>Sumner Mo</b>	23c. DATE SIGNED <b>1/2/52</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 4, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BECK LUTHERAN</b>		24d. LOCATION (City, town, or county) (State) <b>BECK MO</b>	
DATE REC'D BY LOCAL REG. <b>Jan 9-1952</b>		REGISTRAR'S SIGNATURE <b>Ruth</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>			

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

1-00

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 *Elmer A. Wright* .....

Licensed Embalmer No. *3571* .....

P. O. Address *Trimmwood* .....

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.