

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3108
0388

318

1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 8 mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8006 Idaho				d. STREET ADDRESS (If rural, give location) 8006 Idaho			
3. NAME OF DECEASED (Type or Print) a. (First) ALVINA		b. (Middle) SOPHIA		c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced Widow		8. DATE OF BIRTH Nov. 8, 1885	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Oakville, Missouri		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Henry Busiek			13b. MOTHER'S MAIDEN NAME Elizabeth Idecker		14. NAME OF HUSBAND OR WIFE ----		
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 Loretta Woker		ADDRESS 216 Pardella, Lemay, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis (apoplexy) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 16 hrs Chronic
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3.34X			
22. I hereby certify that I attended the deceased from Jan 7, 1951 , to Jan 14, 1952 , that I last saw the deceased alive on Jan 14, 1952 , and that death occurred at 6:15A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Joy C. Ruppel M.D. (Degree or title)				23b. ADDRESS 7702 Leving Ave		23c. DATE SIGNED 1/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) 1215 Lemay Ferry Road (State) _____	
DATE REC'D BY LOCAL REG. JAN 14 1952		REGISTRAR'S SIGNATURE W. J. Smith		25. FUNERAL DIRECTOR'S SIGNATURE C. Horneister U. & L. Co.		ADDRESS 7814 So. Broadway, St. Louis, Mo.	

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 Harold J. Schumaker

Licensed Embalmer No. 2679

P. O. Address 7514 S-Broadway

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.