

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11474

State File No. ....

**DECEASED**  
 BIRTH NO. **MAR 29 1952**

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **6076**

Registrar's No. **678**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. LENGTH OF STAY (In this place) <b>26</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3328 Blair Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Meier</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>3 12 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Aug 9-1876</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>Henry Van Camp</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Knox - 3328 Blair</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio-Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4x21</b>	
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 <b>Dec 25</b> , 1951, to <b>Mar 12</b> , 1952, that I last saw the deceased alive on <b>March 9, 1952</b> , and that death occurred at <b>7 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. H. Jansen</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>1104 Massouri St. Kirkwood Mo</b>	
23c. DATE SIGNED <b>3-13-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-12-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-14-52</b>		REGISTRAR'S SIGNATURE <b>Hebert R. Donke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ethel Koch-Son</b>		ADDRESS <b>3516 N. 14th</b>	

SW (Licensed Embalmer's Statement on Reverse Side)

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

4-10-52

**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 *John Ketter* .....  
Licensed Embalmer No. 3880.....  
P. O. Address.....

**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.