

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14065

State File No. ....

APR 25 1952

318

1003

3494

BIRTH NO. _____		REG. DIST. NO. _____		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				b. COUNTY							
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 St. Louis				2239							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony's Hosp.				d. STREET ADDRESS (If rural, give location) 23 2321 Ann avenue				0							
3. NAME OF DECEASED (Type or Print) CARRIE			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4-10-52			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-19-1886			9. AGE (In years last birthday) 85		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				11. BIRTHPLACE (City and State or Foreign Country) Columbia, Illinois				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Christian Niemeier				13b. MOTHER'S MAIDEN NAME Caroline Krause				14. NAME OF HUSBAND OR WIFE Herman, deceased							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Edwin Kueffner, Granite City, Ill.				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>  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 yes yes			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) St. Louis, Mo.									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5:00 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4200									
22. I hereby certify that I attended the deceased from <u>Mar 1</u> 19 <u>52</u> to <u>4-10-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-10-52</u> , 19 <u>52</u> , and that death occurred at <u>3:28 AM</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>W. D. Meyer</u>						23b. ADDRESS <u>539 N. Grand</u>						23c. DATE SIGNED <u>4/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-11-52		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Columbia, Illinois							
DATE REC'D BY LOCAL REG. APR 15 1952		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Schnieder F. H.</u>						ADDRESS Columbia, Ill.			

WRITE PLAINLY—USING UNFADING 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 J. E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis 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.