

DIED JUL 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 25475

BIRTH NO. _____		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 6049		Registrar's No. 14	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Charles 0920		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural*Femme Osage		a. STATE Missouri		b. COUNTY St. Charles	
c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Femme Osage 0		d. STREET ADDRESS (If rural, give location) 4 miles south of New Melle		d. STREET ADDRESS (If rural, give location) 4 miles south of New Melle	
d. FULL NAME OF HOSPITAL OR INSTITUTION miles south of New Melle		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) Albert		b. (Middle) Louis		c. (Last) Meyer		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 25, 1870		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	
11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore Meyer		13b. MOTHER'S MAIDEN NAME Louise Landwehr	
14. NAME OF HUSBAND OR WIFE Edward Meyer		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 ADDRESS Edward Meyer, Defiance, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		Paralytic Stroke				20 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis				10 yr	
DUE TO (c)		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 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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				331X	
22. I hereby certify that I attended the deceased from July 2, 1952, to July 21, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS St. Charles Mo		23c. DATE SIGNED 7/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/23/52		24c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran		24d. LOCATION (City, town, or county) (State) New Melle, Mo.	
DATE REC'D BY LOCAL REG. July 22, 1952		REGISTRAR'S SIGNATURE Mrs Viola Friedman 399-1		25. FUNERAL DIRECTOR'S SIGNATURE Mrs Murchum		ADDRESS Wentzville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Howard O Kessler

Signed.....

Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.