

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22631

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6479 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>St. Charles</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Charles</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta Mo R.R.</i> c. LENGTH OF STAY (in this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ferne Osage 0920</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Augusta Mo R.R. 0</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>META</i>	b. (Middle) <i>TRHMEIER</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>June 28 - 1953</i>
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5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 4 - 1882</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Augusta Mo R.R.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Bern. Rehmeier</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Ballman</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bernie Rehmeier</i>	ADDRESS <i>Augusta Mo</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>3 yr</i> <i>6 yr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr Myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>diastrophal nephritis</i> 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 <i>593X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *April*, 1952, to *June 28*, 1953, that I last saw the deceased alive on *June 26*, 1953, and that death occurred at *7:00* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Woodsville Mo</i>	23c. DATE SIGNED <i>6/30/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 1 - 53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ferne Osage</i>	24d. LOCATION (City, town, or county) (State) <i>Ferne Osage Mo</i>
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DATE REC'D BY LOCAL REG. <i>June 30, 1953</i>	REGISTRAR'S SIGNATURE <i>Mrs Viola Fleasmeier</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Olie Sheeking</i>	ADDRESS <i>Augusta Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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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 Oliver Shilking

Licensed Embalmer No. 3759

P. O. Address Augusta 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.