

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23973**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **852**

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 73 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2926 FARON Street		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117 d. STREET ADDRESS (If rural, give location) 2926 FARON Street	
3. NAME OF DECEASED (Type or Print) BERTHA b. (First) KATHERINE c. (Last) MEUER		4. DATE OF DEATH (Month) (Day) (Year) August 2 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN. 12, 1875
9. AGE (In years) 78 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MO. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife	
11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Christian Degen		13b. MOTHER'S MAIDEN NAME ANNA KRAMER	
14. NAME OF HUSBAND ANTON MEUER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Louis Meuer, St Joseph 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Arteriosclerosis generalized *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) Central vascular accident 1wk 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 4221	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12/5, 1952 to Aug 2, 1953 that I last saw the deceased alive on 7/26, 1953 and that death occurred at 2:53 P. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Wm Redmond MD		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 8/3/53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 8-5-53		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Ceme.	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Victor J. Barry	
DATE REC'D BY LOCAL REG. Aug. 6, 1953		REGISTERAR'S SIGNATURE Kather M. Allison	
ADDRESS St. Joseph mo.		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFAADING 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

St Joseph Victor J. Ba

Licensed Embalmer No. *H 292*

P. O. Address *234 So 10th, St. Joseph, 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.