

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26005**

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **163**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>198 Tecumseh</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HUGO</b>	b. (Middle) <b>T</b>	c. (Last) <b>MEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1953</b>
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5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 28, 1877</b>	9. AGE (In years last birthday) <b>76</b>	# UNDER 1 YEAR Months <b>1</b> Days <b>17</b>	# UNDER 12 Mths. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Int. National Shoe</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Theodore Meyer</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Landwehr</b>	14. NAME OF HUSBAND OR WIFE <b>Lulu Maschmeier Meyer</b>
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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>496 28 9753</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hugo Meyer, St. Charles, Missouri</b>	ADDRESS <b>St. Charles, Missouri</b>
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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, asthenia, 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) <b>Uremia</b>		<b>3 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. arteriosclerosis</b> DUE TO (c) <b>Prostatic Hypertrophy</b>		<b>5 yrs.</b> <b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. <b>Chr. cholecystitis &amp; lithiasis</b>		<b>2 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>610X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **7-16-53** to **7-15-53**, that I last saw the deceased alive on **7-15-53**, and that death occurred at **2:32 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. P. Rudke M.D.</b>	23b. ADDRESS <b>St. Charles, Mo</b>	23c. DATE SIGNED <b>July 18, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 18, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 20, 1953</b>	REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Haskaman</b>	ADDRESS <b>Beau St. Charles, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1955

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.....  
Signature of Student Embalmer

Signed *Clarence M. Bello*

Licensed Embalmer No. *4370*  
P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.