

No. 300
10-48
FILED JUN 1 1954THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17002**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3058** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) Route # 2	
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) L c. (Last) HORSTMEIER			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 3, 1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Harvester, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Henry Horstmeier	
13b. MOTHER'S MAIDEN NAME Sophia Granefeld		14. NAME OF HUSBAND OR WIFE Meta M. Horstmeier	
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 Mrs. Meta Horstmeier, St. Charles,		MO. 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) Uræmia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Benign hyperplastic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 610 X	
19a. DATE OF OPERATION 4/5/54		19b. MAJOR FINDINGS OF OPERATION Benign hypertrophic cystotomy only, hyperplastic	
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)		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 4-5-54 , 19 54 to 5/25 , 19 54 , that I last saw the deceased alive on 5/24 , 19 54 , and that death occurred at 4:30 Am., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Deubner M.D.		23b. ADDRESS St. Charles, Mo	
23c. DATE SIGNED 5/25/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27, 1954	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. May 26/1954		REGISTRAR'S SIGNATURE Fannie H. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. ...		ADDRESS St. Charles, 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence M. Billo*.....

Licensed Embalmer No. *437*.....

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.