

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42075**

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **23**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Charles		a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Charles)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flint Hill	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Flint Hill Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Mette	(Month) Dec.	(Day) 7	(Year) 1954
5. SEX / 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) 83
Female / White	Widowed		Nov. 27, 1871		IF UNDER 1 YEAR 10 Months Days Hours Min.
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) Ethlyn Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Bernard Reller	13b. MOTHER'S MAIDEN NAME Anna Henemann	14. NAME OF HUSBAND OR WIFE Fred Mette (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Anna Mette	ADDRESS Flint Hill, Mo.
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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 30 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral-Vascular Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis + Cholelithiasis		Indefinite	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Nov. 3, 1954, to Dec. 7, 1954, that I last saw the deceased alive on Dec. 7, 1954, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Reeves M.D. (Degree or title)	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Dec 11, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY St Theodore's	24d. LOCATION (City, town, or county) (State) Flint Hill Mo.
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DATE REC'D BY LOCAL REG. Dec. 14, 1954	REGISTRAR'S SIGNATURE Hannie Hunter	25. FUNERAL DIRECTOR'S SIGNATURE T. G. Bremer	ADDRESS Funeral Home
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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 _____

Sarltou J. Pitman

Student Embalmer No. *497*

working under my personal supervision.

Student

Sarltou J. Pitman
Student Embalmer

Signed

Jarretta M. Pitman

Licensed Embalmer No. *3055*

P. O. Address *Wentzville*

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.