

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **753**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Washington</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Rural-Charrette Twp.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b> <b>0</b>		e. STREET ADDRESS (If rural, give location) <b>5 miles W. Treloar, Mo.</b> <b>1090</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Amelia</b> b. (Middle) <b>Louise</b> c. (Last) <b>Meyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 15, 1867</b>	9. AGE (in years last birthday) <b>87</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pinkney, Warren Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>

13a. FATHER'S NAME <b>Antone ReKate</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Thee</b>	14. NAME OF HUSBAND OR WIFE <b>Gustave 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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wm. Weidhoefer,</b>	ADDRESS <b>Treloar, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>general arterio sclerosis</b>	DUE TO (c)	<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Chronic nephritis</b>		

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) <b>332 X</b>
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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 **4-28**, 19**49**, to **Feb 2**, 19**55**, that I last saw the deceased alive on **Feb 2**, 19**55**, and that death occurred at **7:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Edmund O. ...</b>	23b. ADDRESS <b>Marthasville Mo</b>	23c. DATE SIGNED <b>2-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pinkney Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warren County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2/5/55</b>	REGISTRAR'S SIGNATURE <b>J.P. ...</b>	99-0	GENERAL DIRECTOR'S SIGNATURE <b>Delmont F. Lichtenberg</b>	ADDRESS <b>Marthasville, MO.</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer, No. 4318

P. O. Address Marthasville,

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.