

FILED FEB 21 1955 STANDARD CERTIFICATE OF DEATH

State File No. 5904

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>St. Charbs</b> <i>0923</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. LENGTH OF STAY (in this place) <b>20 Yrs</b>	c. CITY OR TOWN <b>Addieville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Evangelical Emmaus Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Route # 1</b>		<i>87208</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b>	b. (Middle)	c. (Last) <b>MEIER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 17, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 17, 1898</b>	9. AGE (in years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Addieville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Henry Meier</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Schnalreide</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Theophil Stoerker</b>	ADDRESS <b>St. Charles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>10yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery occlusion</b> DUE TO (c) <b>Arteriosclerosis</b>		
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 <b>4201</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)	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 October, 1954, to Feb, 1955, that I last saw the deceased alive on Feb 15, 1955, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H. Poggenmeyer MD</b>	23b. ADDRESS <b>200 Clay St Charles Mo</b>	23c. DATE SIGNED <b>Feb 19, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Emmaus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 19 1955</b>	REGISTRAR'S SIGNATURE <b>Bernice Hume</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bane</b>	ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADEING 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. *4375*

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.