

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1955

State File No. **28456**  
Registrar's No. **1844**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **577**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Del.</b> b. COUNTY <b>Albers</b> c. CITY OR TOWN <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights, Mo.</b>		c. CITY OR TOWN <b>Albers</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 days</b>		e. STREET ADDRESS (If rural, give location) <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Kathleen</b>	b. (Middle) <b>M.</b>	c. (Last) <b>K. Meier</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 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>infant</b>	8. DATE OF BIRTH <b>July 5, 1955</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>3 months</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None - INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Albers, Illinois,</b>			

13a. FATHER'S NAME <b>Linus Meier</b>	13b. MOTHER'S MAIDEN NAME <b>Bernadine Buss</b>	14. NAME OF HUSBAND OR WIFE <b>Nil.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Linus Meier, Albers, Illinois,</b>	ADDRESS <b>Albers, Illinois,</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, ashenia, 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>Heart failure</b>		<b>17 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congenital heart disease</b> DUE TO (c) <b>developmental anomaly</b>		<b>3 weeks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **7-21, 1955**, to **8-5, 1955**, that I last saw the deceased alive on **8-5, 1955**, and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chester P. Lyndwiler MD</b>	23b. ADDRESS <b>1325 S. Grand</b>	23c. DATE SIGNED <b>8-6-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-6-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Albers Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Albers, Illinois,</b>
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DATE REC'D BY LOCAL REG. <b>8/8/55</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Donke, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington.</b>
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(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, ~~on~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Padwell* .....

Licensed Embalmer No. *407* .....

P. O. Address *S. Lor* .....

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.