

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 000
 -56
 38529
 STATE FILE NUMBER
 77
 4200
 11-24-56
 11-26-56

FILED DEC 5 - 1956

STANDARD CERTIFICATE OF DEATH

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chesterfield, R.R. 1 Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		Length of stay in 1b 2 mos. 6 days	d. STREET ADDRESS (If outside, give location) Highway-C. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Margaret Meyer		First Margaret Middle A. Last Meyer	4. DATE OF DEATH 11/23/56 Month 11 Day 23 Year 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron (Retired)		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Schools	9. AGE (In years last birthday) 84
13. FATHER'S NAME August Leirow		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Mathilda Ferguson	
17. INFORMANT Mrs. T.W. Wissore		Address Chesterfield Mo. R-1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 1956 to Nov. 23, 1956 and last saw her alive on 11-22-56 Death occurred at 8:07 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Dackert MD		22b. ADDRESS 3606 Grand St. Louis Mo	22c. DATE SIGNED 11-24-56
23a. REMOVAL (Specify)	23b. DATE 11-26-56	23c. NAME OF CEMETERY OR BURYING PLACE Zion	23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo		25. DATE RECD. BY LOCAL REG. 11-26-56	26. REGISTRAR'S SIGNATURE Cheto Rimbey Dep

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 1 1956

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 *Richard Bopp*.....

Licensed Embalmer No. *45*.....

P. O. Address *Ballwin,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.