

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33085**

FILED OCT 14 1957

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **231**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 1 wks.	c. CITY OR TOWN St. Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Rural Route #2		0920	

3. NAME OF DECEASED (Type or Print)	a. (First) Lothar	b. (Middle) C.	c. (Last) Meyer	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 1, 1884	9. AGE (In years) (Last birthday) 72	10. MONTH (Day) (Year) 10 23	11. IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Orchard Farm, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Minnie Laging	14. NAME OF HUSBAND OR WIFE Mrs. Olga Meyer
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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) No	16. SOCIAL SECURITY NO. 494-42-2220	17. INFORMANT'S SIGNATURE OR NAME Mrs. Olga Meyer	ADDRESS R.R. 2, Same
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 8/2/57	19b. MAJOR FINDINGS OF OPERATION Cap of Pancreas + metastasis	20. AUTOPSY? 2 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) m.	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 **July 7, 1957**, to **9/25, 1957**, that I last saw the deceased alive on **9/25, 1957**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE O.K. Thiel MD (Degree or title)	23b. ADDRESS 300 N. Main St Charles Mo	23c. DATE SIGNED 9/25/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 27, 1957	24c. NAME OF CEMETERY OR CREMATORY Orchard Farm Cemetery	24d. LOCATION (City, town, or county) (State) Orchard Farm, Mo.
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DATE REC'D BY LOCAL REG. Sept. 27-57	REGISTRAR'S SIGNATURE Marcella Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bane	ADDRESS St. Charles Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS
DEC 20 1930

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.....
Arthur P. Paul

Licensed Embalmer No. 3147

P. O. Address *H. C. Paul*

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.