

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2493**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **3**

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|--|--|---|--|
| 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) Rural | | c. CITY OR TOWN St. Charles d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) Rural Route 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2 | | | |

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| 3. NAME OF DECEASED a. (First) Alma b. (Middle) Julie c. (Last) Horstmeier | | | 4. DATE OF DEATH Jan. 1, 1958 (Month) (Day) (Year) | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Jan. 5, 1878 | | 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR: Months 11 Days 26 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Christian Meinershagen | | 13b. MOTHER'S MAIDEN NAME Louise Berlekamp | | 14. NAME OF HUSBAND OR WIFE George Horstmeier | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Horstmeier St. Charles, Mo. | |

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|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction | | | | | 1 hour |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary artery disease | | | 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 4201 | |
| 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 | |

22. I hereby certify that I attended the deceased from **3-28-72**, 19__, to **1-1-58**, 19__, that I last saw the deceased alive on **8-2-57**, 19__, and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE Raul H. Rother | | 23b. ADDRESS 114 N. Main St. St. Charles, Mo. | | 23c. DATE SIGNED 1-3-58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 4, 1958 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | |
| 24d. LOCATION (City, town, or county) (State) R. R. 2 St. Charles, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Pau St. Charles, Mo. | | | |
| DATE REC'D BY LOCAL REG. Jan 3-58 | | REGISTRAR'S SIGNATURE Marella Wilson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Pau St. Charles, Mo. | |

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.....
Robert C. Davis

Licensed Embalmer No. *3157*

P. O. Address.....
St. Louis

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.