

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021467

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 179

Health, Welfare, Public Service

100
-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WASHINGTON 0362 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 317 FAIR ST		Length of stay in lb 5 MONTHS	d. STREET ADDRESS (If outside, give location) 317 FAIR ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last AUGUSTA WILHEMINA MEYER			4. DATE OF DEATH Month Day Year JUNE 13 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 21 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years at birthday) 80
11. BIRTHPLACE (City and state or country) RED HERMANN MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JULIUS BIERMANN		13b. MOTHER'S MAIDEN NAME CAROLINA BARNER	
14. NAME OF HUSBAND OR WIFE ERNST A. MEYER		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 Address MRS ADOLPH WAHL WASHINGTON MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quinria, fungalitic, acquired, idiopathic DUE TO (b) 0 DUE TO (c) 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 MO
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.) 2922	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 1044	
21. I attended the deceased from 5/23/47 to 6/13/58 and last saw her alive on 6/9/58 Death occurred at 2:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE WASHINGTON MO	
22a. SIGNATURE (Degree or title) Michael S. Hoffmann, M.D.		22b. ADDRESS Washington, MO	
22c. DATE SIGNED 6/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 6/15/58		23c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY	
23d. LOCATION (City, town, or county) (State) RED DEER MO		24. FUNERAL DIRECTOR HOGO H. BLUMCE ADDRESS HEERMANN MO	
25. DATE RECD. BY LOCAL REG. 6-17-58		26. REGISTRAR'S SIGNATURE R. P. Schickman	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hugos B. Blumer*

Licensed Embalmer No. *3160*
P. O. Address *Herrmann, N.Y.*

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.