

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006786

STATE FILE NUMBER

MAR 2 1959 Registration District No. 910 Primary Registration District No. 6051 Registrar's No. 54

300  
-57

1. PLACE OF DEATH a. COUNTY St Charlos		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charlos	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charlos		c. CITY OR TOWN St Charlos	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Rt 2		d. STREET ADDRESS (If outside, give location) Rural Rt 2	

3. NAME OF DECEASED (Type or print) First Middle Last Alvin H Meers			4. DATE OF DEATH Month Day Year Feb. 22 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17 1893		9. AGE (In years last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Foreman	10b. KIND OF BUSINESS OR INDUSTRY County	11. BIRTHPLACE (City and state or country) St Charlos County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Meers	13b. MOTHER'S MAIDEN NAME Christine Zumbahl	14. NAME OF HUSBAND OR WIFE Dorthea Meers	

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. 497-01-4155	17. INFORMANT Mrs Dorthea Meers	Address St Charlos Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Rheumatic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>approx. 20YRS.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>416x</i>		

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, Year 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 <i>July, 1955</i> to <i>February, 1959</i> and last saw <sup>him</sup> alive on <i>February 14, 1959</i> Death occurred at <i>1100 A. m</i> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Paul G. Lother MD</i> (Degree or title)	22b. ADDRESS <i>St. Charlos, Mo</i>	22c. DATE SIGNED <i>2/24/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 25 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St Charlos Mo.</i>
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24. FUNERAL DIRECTOR <i>Arthur C Eauo</i>	ADDRESS <i>St Charlos Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 27 - 59</i>	26. REGISTRAR'S SIGNATURE <i>Maceles Wilson</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MA. 20 1959

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 *David C. Bane* .....

Licensed Embalmer No. *5060* .....

P. O. Address *St. Charles, Mo.* .....

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.