

FILED APR 14 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-010583
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Charles</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>St. Charles</u>		d. In Residence within limits of a city or incorporated town? Yes <u>X</u> No <u> </u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>427 Jackson St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Annie</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Moyer</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>7</u>		(Year) <u>1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday)		<u>82</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>		IF UNDER 12 HRS. Hours <u> </u> Mins. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Simon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lanvermeier</u>		14. NAME OF HUSBAND OR WIFE <u>William Moyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Esther Moyer, St. Charles, Mo.</u>			
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) <u>Pneumonia</u>		DUPLICATE OF (a) <u>Pneumonia</u>				<u>< 2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 1957</u> , to <u>April 1959</u> , that I last saw the deceased alive on <u>April 7, 1959</u> , and that death occurred at <u>1:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Poggeman</u>				23b. ADDRESS <u>St. Charles Mo.</u>		23c. DATE SIGNED <u>April 8, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9-59</u>		REGISTRAR'S SIGNATURE <u>Marcelle Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Fauc, St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *David C. Bone*.....

Licensed Embalmer No. *5060*

P. O. Address *St. Charles,*

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.