No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 11 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014549
State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY St CCharles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rt 3
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Rt 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Charles
c. CITY OR TOWN St Charles 0920 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rural Rt 3

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) B
c. (Last) Meyer

4. DATE OF DEATH (Month) (Day) (Year) May 3 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 5 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo 0
12. CITIZEN OF WHAT COUNTRY? U SA

13a. FATHER'S NAME Fred Lammert
13b. MOTHER'S MAIDEN NAME Margaretha Mosel
14. NAME OF HUSBAND OR WIFE Henry C Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry C. Meyer St Charles Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — ?
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
19b. MAJOR FINDINGS OF OPERATION 4261
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 4, 1958, *to* May 3, 1959, *that I last saw the deceased alive on* Apr 30, 1959, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE J M Jenkins (Degree or title) Mo 0
23b. ADDRESS St. Charles Mo
23c. DATE SIGNED May 5, 1959

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/6/59
24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) (State) St Charles Mo

DATE REC'D BY LOCAL REG. May 5-59
REGISTRAR'S SIGNATURE Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C Baue St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Baue

Licensed Embalmer No. 50

P. O. Address St. Char

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.