

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016330

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1291

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Martin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9101 So. Broadway			Length of stay in lb 17 days		d. STREET ADDRESS (If outside, give location) 0576		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Anna Middle D. Last Mertens				4. DATE OF DEATH Month May Day 6 Year 1959					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 17, 1874		9. AGE (In years last birthday) 85 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Usage Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William Meuser			13b. MOTHER'S MAIDEN NAME Sophia Lock		14. NAME OF HUSBAND OR WIFE Henry Mertens				
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 Edward Mertens, Martin, 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) Atherosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized atherosclerosis DUE TO (c) 4200							INTERVAL BETWEEN ONSET AND DEATH unk unk		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Polypoid Lesion of Stomach							19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.) ITEM 22c CORRECTED						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			BY AFFIDAVIT OF Physician 6-29-59 JCL						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 4/19/50 to May 6-59 and last saw her alive on May 2nd 1959 Death occurred at 6:05 pm m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert S Warner / M D				22b. ADDRESS 818 Olive St St Louis		22c. DATE SIGNED May 8 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-9-59		23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		23d. LOCATION (City, town, or county) (State) Martin, Mo.			
24. FUNERAL DIRECTOR Blumer Funeral Home, Hermann, Mo.				25. DATE RECD. BY LOCAL REG. 5-9-59		26. REGISTRAR'S SIGNATURE John C. Murphy			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Laurence O. Heeling*

Licensed Embalmer No. *4279*
P. O. Address *St. Louis, 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.