URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042245

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210665 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 30 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6344 Garesche Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Amanda Middle: M. Last: Meyer
4. DATE OF DEATH: Month: November Day: 16 Year: 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-20-1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Union, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John F. Harms
13b. MOTHER'S MAIDEN NAME: Anna Horn
14. NAME OF HUSBAND OR WIFE: Deceased
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: Address: Mrs. Elizabeth Gorman, 6344 Garesche Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): —
DUE TO (c): 420.1 —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 only 11/16/59, to _____ and last saw her alive on 11/16/59.
Death occurred at ~~12:45 P.M.~~ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C E Strindel, M.D. (Degree or title)
22b. ADDRESS: 3701 Grandel Sq
22c. DATE SIGNED: 11/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 20 1959
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc., ADDRESS: 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG.: NOV 19 1959
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Lou

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