

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004664

FILED VS. JAN 11 1960 319

Registration District No. 319 Primary Registration District No. Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STE. GENEVIEVE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE T.S.		Length of stay in 1b LIFE		c. CITY OR TOWN STE. GENEVIEVE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R N I			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R R N I		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ANTON LEO MEYER				4. DATE OF DEATH Month Day Year JAN 6 1960									
5. SEX MALE		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 10/24/1875		9. AGE (last birthday) 75		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) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) STE. GENEVIEVE MO		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JOSEPH MEYER				13b. MOTHER'S MAIDEN NAME MARY PFAFF				14. NAME OF HUSBAND OR WIFE MARY ROTH					
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. 499-40-5853		17. INFORMANT Address Conrad Meyer Ste. Genevieve Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Chronic myocarditis										?			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										?			
DUE TO (b) Arteriosclerosis										?			
DUE TO (c) Bronchial pneumonia										10 days			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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.)									
20c. TIME OF INJURY Hour s.m. p.m.		Month, Day, Year											
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 Dec. 28, 1959 to Jan. 6, 1960 and last saw him alive on Jan 5, 1960 Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Dr. Lanning M.D.						22b. ADDRESS Ste. Genevieve Mo			22c. DATE SIGNED 1/7/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/9/60		23c. NAME OF CEMETERY OR CREMATORY SACRED HEART		23d. LOCATION (City, town, or county) OZORA		STATE MO					
24. FUNERAL DIRECTOR Lee C. Basler Ste. Genevieve Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 1/7/60		26. REGISTRAR'S SIGNATURE Walter Basler					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

FEB 29 1960

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 Adrian J. Ekle

Licensed Embalmer No. 474

P. O. Address Ste Dem

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.