

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040651

FILED VS OCT 24 1960

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3007

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH - a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hathaway Hills</u>		Length of stay in 1b <u>YRS.</u>		c. CITY OR TOWN <u>Hathaway Hills</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>9423 EASTCHESTER Keeleence</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9423 Eastchester Drive</u>		
3. NAME OF DECEASED (Type or print) First <u>LULU</u> Middle <u>MEISSER</u> Last <u>MEISSER</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>14</u> Year <u>1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/1/1873</u>		
9. AGE (last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>Belleville Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ben Kaeser</u>			13b. MOTHER'S MAIDEN NAME <u>Helen McComb</u>			14. NAME OF HUSBAND OR WIFE <u>Elmer Meisser</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>No</u>		17. INFORMANT <u>Virginia Meisser 9423 Eastchester Dr.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Colon (sigmoid)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)				
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 checked="" 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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>9/26, 59</u> to <u>10/14 60</u> and last saw her <u>10/8 60</u> alive on <u>520</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>L R Wentzel MD</u> (Degree or title)				22b. ADDRESS <u>2726 Chautauq Ave St L</u>		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 17 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Belleville Ill</u>		
24. FUNERAL DIRECTOR <u>C. R. Lupton and Sons 7233 Delmar Blvd.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-17-60</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

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 Arnold W. Schoer

Licensed Embalmer No. 3864

P. O. Address St. Louis

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