RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-043198

STATE FILE NUMBER

FILED VS NOV 16 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 225

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5100 Goethe Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louisa Middle: Meyer Last: Mc Kenna

4. DATE OF DEATH: Month: November Day: 5 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 20, 1877
9. AGE (last birthday): 83
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: August Meyer
13b. MOTHER'S MAIDEN NAME: Caroline Massmann
14. NAME OF HUSBAND OR WIFE: John Mc Kenna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Stella Stosberg Address: 5100 Goethe Ave

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): Emphysema [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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. ☐ 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 11/2/60, to 11/5/60 and last saw her/him alive on 11/4/60
Death occurred at 3:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: St. Charles, Mo.
22c. DATE SIGNED: 11/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Shepard Funeral Home 1167 Hamilton, St. Louis, 12, Missouri
25. DATE RECD. BY LOCAL REG.: Nov. 6 - 60
26. REGISTRAR'S SIGNATURE: [illegible] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 17 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 Lawrence O. Ger

Licensed Embalmer No. 4979

P. O. Address St. Louis, M

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