

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042079

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 288

FILED NOV 30 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY St Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Length of stay in lb 56 yrs	c. CITY OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 817 Monroe			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 817 Monroe	
3. NAME OF DECEASED (Type or print) First Cora Middle Last Meyer			4. DATE OF DEATH Month Nov. Day 17 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/7/1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Paule		13b. MOTHER'S MAIDEN NAME Mary Joerin		14. NAME OF HUSBAND OR WIFE Edward Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Edna Meyer St Charles Mo.	

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease			Unknown
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 a.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 1949 to Nov. 17, 1961 and last saw her alive on Nov. 17, 1961
Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Don J. Randall, M.D.	22b. ADDRESS 270 S. 6th St. Charles Mo.	22c. DATE SIGNED Nov. 20, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/20/61	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24. FUNERAL DIRECTOR ADDRESS Arthur C Baue Funeral Home St Charles Mo.		23d. LOCATION (City, town, or county) St Charles Mo

25. DATE RECD. BY LOCAL REG. Nov. 20, 1961	26. REGISTRAR'S SIGNATURE Marcella Wilson
--	---

ITEM NO. SHOULD BE

BY AFFIDAVIT OF

JUN 19 1962

NOV 30 1961 SA

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 John C. Smith

Licensed Embalmer No. 5145

P. O. Address St. Charles, 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.