

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022239

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 268 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cape Girardeau</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Length of stay in 1b <u>81 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wilson Nursing Home; 603 S. Ellis St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission)</p> <p>STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u></p> <p>c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>604 Jefferson Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last (Type or print) <u>Rosalie Mary Meystedt</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>June 18, 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2/18/81/</u></p>
<p>9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>Ferdinand Steimle</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Louise Huse</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Alfred Meystedt, Deceased</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>	
<p>16. SOCIAL SECURITY NO. <u>none</u></p>	
<p>17. INFORMANT Address <u>Fred Meystedt Cape Girardeau, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral accident</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro-renal-Vascular Disease</u></p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>6-1-62</u> to <u>6-18-62</u> and last saw her/him alive on <u>6-18-62</u>. Death occurred at <u>4:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>W. Ashley M.D.</u></p>	
<p>22b. ADDRESS <u>Cape Girardeau, Mo</u></p>	
<p>22c. DATE SIGNED <u>6-19-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6/20/62/</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>C. J. Lorberg Cape Girardeau, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>June 19, 1962</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>James Kasten</u></p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 0168
 2 0168
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 9442X
 10
 11
 12 86-0
 13 1-0
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 C. J. Lorberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, 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.

This certificate taken to Doctor 6/19/62
Certificate received back from Doctor 6/19/62