

XX MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046465

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3202

238

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 118 Primary Registration District No. Registrar's No.

FILED DEC 18 1962

VS 300
Rev. 4/59
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20920
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DATE AMENDED
INSTEAD OF
ITEM NO.
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON | | Length of stay in 1b 1 Day | c. CITY OR TOWN AUGUSTA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R.R. I Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY HUGO MEINERSHAGEN | | | 4. DATE OF DEATH Month Day Year NOVEMBER 21 1962 |
| 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 4/1/1871 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 9. AGE (last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11a. FATHER'S NAME HERMAN MEINERSHAGEN | | 11b. BIRTHPLACE (City and state or country) AUGUSTA, MISSOURI | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME ANNA BREHM | 14. NAME OF HUSBAND OR WIFE IDA MEINERSHAGEN |
| 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. NONE | 17. INFORMANT LESLIE MEINERSHAGEN Address AUGUSTA, MO., R.R. I |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO VASCULAR RENAL DISEASE DUE TO (b) GENERAL ARTERIOSCLEROSIS DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 15 yrs. 20 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis | | | 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.) 1-6-1949 | | 20f. CITY, TOWN, OR LOCATION Nov. 21, 1962 and last saw him live on Nov. 21, 1962 | |
| 21. I attended the deceased from 1-6-1949 to Nov. 21, 1962 and last saw him live on Nov. 21, 1962 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. H. Schmidt, M. D. | | 22b. ADDRESS MARTHASVILLE, MISSOURI | 22c. DATE SIGNED 11/23/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11/25/1962 | 23c. NAME OF CEMETERY OR CREMATORY Augusta City Cemetery | 23d. LOCATION (City, town, or county) (State) Augusta, Missouri |
| 24. FUNERAL DIRECTOR T. E. PITMAN FUNERAL HOME, Wentzville, Mo. | | 25. DATE RECD. BY LOCAL REG. 11/25/62 | 26. REGISTRAR'S SIGNATURE Leola P. Judmann |

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 Olie Thelking

Licensed Embalmer No. 3759

P. O. Address Carquate

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.