MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049145
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 203a

FILED JAN 6 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0928
2 0928
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Charlevoix Nursing — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN St. Charles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 826a N. Second St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Hilda Middle Cecelia Last Meyer
4. DATE OF DEATH Month Dec. Day 29, Year 1963
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Mar. 11, 1881
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months 9 Days 18 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Meyer
13b. MOTHER'S MAIDEN NAME Cecelia Eisman
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Vivian Hallemeyer, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH Since 12/8/63
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced atherosclerosis
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

MEDICAL CERTIFICATION

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 12/8/63, to and last saw her/him alive on 12/28/63
Death occurred at 12 45 am, 12/29/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. A. Yager MD
22b. ADDRESS 304 So. 2nd, St Charles, Mo.
22c. DATE SIGNED 12/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 31, 1963
23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery
23d. LOCATION (City, town, or county) (State) St. Charles, Mo.

24. FUNERAL DIRECTOR ADDRESS H. C. Dallmeyer & Sons, St. Charles, Mo.
25. DATE RECD. BY LOCAL REG. Dec 30-1963
26. REGISTRAR'S SIGNATURE Palmyra Stewart Mabel Zimmwalt Dep

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Nacke

Licensed Embalmer No. 4530

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.