

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1950

State File No.

No. 300
10.48

920

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6076 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Melle</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	
3. NAME OF DECEASED a. (First) <u>Carl</u> b. (Middle) <u>Hugo</u> c. (Last) <u>Meier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 2, 1889</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J.W. Meier</u>		13b. MOTHER'S MAIDEN NAME <u>Elisa Bubbert</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>August Meier New Melle</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral apoplexy.</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 Hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>394X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/15</u> , 19 <u>50</u> to <u>3/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>50</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. C. McCoy M.D. Wentzville, MO</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>3/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Capelin Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 21 1950</u>		REGISTRAR'S SIGNATURE <u>Walter F. Puff 408</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter F. Puff</u>		ADDRESS _____	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

District File Number

District Health Officer No. 9,

RECEIVED MAR 25 1950

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
Student Embalmer

Signed *Howard O Kusler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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 this body is not embalmed, fact should be so stated above.