

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35658**

FILED OCT 19 1950

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4464		Registrar's No. 2424	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Overland, Mo.		c. LENGTH OF STAY (in this place) 24 OR TOWN Overland, Mo. 4 241		c. CITY (If outside corporate limits, write RURAL and give township) Overland, Mo. 4 241		d. STREET ADDRESS (If rural, give location) 2315 Gilrese	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2315 Gilrese				d. STREET ADDRESS (If rural, give location) 2315 Gilrese			
3. NAME OF DECEASED (Type or Print)		a. (First) Amanda		b. (Middle) A.		c. (Last) Meyers	
4. DATE OF DEATH (Month) (Day) (Year) October 8, 1950		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 7/11/82		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Herstmannshoff		13b. MOTHER'S MAIDEN NAME Anna Linders		14. NAME OF HUSBAND OR WIFE George W. Meyers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-16-1693		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Meyers, 2315 Gilrese, Overland, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serous Hypertension; Dan Osterda Sclerosis of Central & Adren. Vessels ANTECEDENT CAUSES Morbid 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. Degenerative Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Many years 10 yrs. 331X 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 May , 1950, to Oct 8 , 1950, that I last saw the deceased alive on Oct 8 , 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lawrence J. Patton, M.D.				23b. ADDRESS 3720 Washington, St. Louis		23c. DATE SIGNED 10-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/11/50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles, St. Louis County, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 10-10-50		REGISTRAR'S SIGNATURE Herbert R. Danke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wortmann Funeral Home Overland, Mo.			

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10-48

1001

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

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson 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.