

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41916

State File No.

No. 300
10-48

090
4

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

NOV 27 1953 REG. DIST. NO. 36v PRIMARY REG. DIST. NO. 4521 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Warren 1090		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (In this place) 2 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foristel 0		d. STREET ADDRESS (If rural, give location) Rt. 1 Box 114
3. NAME OF DECEASED a. (First) Adale b. (Middle) C. c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22, 1882	9. AGE (In years last birthday) 71	10. KIND OF BUSINESS OR INDUSTRY Housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul Poecker		13b. MOTHER'S MAIDEN NAME Clara Gens		14. NAME OF HUSBAND OR WIFE Martin Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Martin Meyer ADDRESS Rt 1 Box 114 Foristel			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic Belation INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES DUE TO (b) Cerebral Vascular accident 15 days DUE TO (c) Hypertensive Cerebral Stroke II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Small Artery				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X				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)	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 9:28 , 19 53 to 11:18 , 19 53 , that I last saw the deceased alive on 11/17 , 19 53 , and that death occurred at 11 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold D. Walsh M.D.		23b. ADDRESS Waverly, Mo.		23c. DATE SIGNED 11-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21 1953	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 11-19-53	REGISTRAR'S SIGNATURE Floyd Logan 421-0	25. FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home ADDRESS 10123 St. Charles, Mo. 64			

(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
Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.