

BIRTH NO. REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Warren b. CITY (If outside corporate limits, write RURAL and give town) Rural (Charrette) c. LENGTH OF STAY (in this place) 17 mos. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren

d. FULL NAME OF HOSPITAL OR INSTITUTION near Holstein, Mo. e. STREET ADDRESS (If rural, give location) 1070 0

3. NAME OF DECEASED a. (First) Lisette b. (Middle) Amalie c. (Last) Sophia Meyer 4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Mar. 11, 1870 9. AGE (In years last birthday) 84 10. MONTHS 10 11. DAYS 20 12. HOURS 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Sprick 13b. MOTHER'S MAIDEN NAME Lisetta Wessel 14. NAME OF HUSBAND OR WIFE Fritz H. Meyer, dec'd.

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'S SIGNATURE OR NAME Hugo Meyer ADDRESS Warrenton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis E ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis heart disease 2) Esophageal ulcers acute severe DUE TO (c) type unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4200 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1955, to Feb 1, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 9:10pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 2-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-4-55 24c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery 24d. LOCATION (City, town, or county) (State) Warrenton, Mo.

DATE REC'D BY LOCAL REG. 2/3/55 REGISTRAR'S SIGNATURE 334 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. NIEBURG & CO., WARRENTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John J. Lieberg*.....

Licensed Embalmer No. *38*

P. O. Address *Warrenton*

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.