

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35558

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2302</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>DesPeres, Mo.</u>			c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>DesPeres</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkwood Rt. 13</u>				e. STREET ADDRESS (If rural, give location) <u>Kirkwood, Rt. 13</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christina</u> b. (Middle) <u>Mier</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1955</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 7, 1874</u>		9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unk Krueger</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. C. Mier</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. Mier</u>					ADDRESS <u>2452 Weick Dr. Jennings, Mo.</u>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>  ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> <u>7 yrs</u>			
				II. OTHER SIGNIFICANT CONDITIONS <u>Recto vaginal fistula</u> Conditions contributing to the death but not related to the disease or condition causing death.				<u>7 yrs</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						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 <u>Sept 20, 1955</u> , to <u>Oct. 2, 1955</u> , that I last saw the deceased alive on <u>Oct. 2, 1955</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>James E. Meyer MD</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Ballwin Mo.</u>		23c. DATE SIGNED <u>Oct 4 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>		24d. LOCATION (City, town, or county) <u>Lemay 23, Mo.</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>10-5-55</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Donke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>						
					ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo</u>						

S. G. (Licensed Embalmer's Statement on Reverse Side)

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

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

*David Van Fossen*

Licensed Embalmer No. 42

P. O. Address *St. Louis*

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.