

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026284

FILED VS AUG 4 1959 3/10

Registration District No. _____ Primary Registration District No. 3058 Registrar's No. 181

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles, Mo.		Length of stay in 1b _____		c. CITY OR TOWN O'Fallon Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Fred Middle Mathew Last Meinert				4. DATE OF DEATH Month July Day 25 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/23/1878		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor			10b. KIND OF BUSINESS OR INDUSTRY Realstate			11. BIRTHPLACE (City and state or country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Fred Meinert Sr				13b. MOTHER'S MAIDEN NAME Thersa Schroer				14. NAME OF HUSBAND OR WIFE Helena Meimert					
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. 487-38-3279		17. INFORMANT Address Edmund Meinert St Louis Mo								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation										INTERVAL BETWEEN ONSET AND DEATH 53 hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accident							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 12-19-58 to 7-24-59 and last saw him alive on 7-24-59 Death occurred at 11:10 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Rene G. DuMontier M.D. (Degree or title)						22b. ADDRESS O'Fallon, MO			22c. DATE SIGNED 7-27-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 28/59		23c. NAME OF CEMETERY OR CREMATORY Assumption			23d. LOCATION (City, town, or county) (State) O'Fallon Mo.						
24. FUNERAL DIRECTOR Keithly Funeral Home O'Fallon Mo.				25. DATE RECD. BY LOCAL REG. July 27-59		26. REGISTRAR'S SIGNATURE Marcene Wilson							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.